

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well gas well other **Dry Hole**

2. NAME OF OPERATOR
Dome Petroleum Corp.

3. ADDRESS OF OPERATOR **501 Airport Drive,
Suite 107, Farmington, N.M. 87401**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1130' FNL, 890' FWL**
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
N.M. 12020

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gallegos

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
WAW Pictured Cliffs

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 26, T27N, R13W

12. COUNTY OR PARISH **San Juan** 13. STATE **New Mexico**

14. API NO.

15. ELEVATIONS: (SHOW DF, KDB AND WD)
6070' G.L.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10/31/78 Abandoned well as follows: Filled 2 7/8" casing with cement from bottom of perforations to surface.

<u>Depth</u>	<u>Plug Length</u>	<u>Cement</u>
504' to Surface	504'	15 sx Class B w/3 G-01

After cementing, cut 7" & 2 7/8" casing off 4' below ground level and backfilled.

Subsurface Safety Valve: Manu. and Type _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED J. Amshell TITLE Operations Manager DATE 11/7/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

HMOCK

