

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 ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
Dome Petroleum Corporation

3. ADDRESS OF OPERATOR 501 Airport Drive,
Suite 107, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.)
AT SURFACE: 790' FSL, 790' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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 type="checkbox"/>
(other) Spud & Set Surface Casing	

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.)*

Spudded 12 $\frac{1}{4}$ " hole at 3:30 p.m. 6/20/80. Drilled to 110'. Ran 3 jts. (103')
8 5/8", 24#, K55, ST&C casing. Casing landed at 105' G.L. Cemented with 100 sxs.
Class "B" Cement with 2% CaCl. Plug down at 3:30 a.m. 6/21/80. Circulated cement.

ACCEPTED FOR RECORD

JUN 30 1980

FARMINGTON DISTRICT

Subsurface Safety Valve: Manu. and Type

BY [Signature]

Set @

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drlg. & Prod. Foreman DATE 6/23/80
H. D. HOLLINGSWORTH

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

NMOCC

