UNITED STATES

ONITED STRIES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 9787
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a difference reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas sucher	DOME FEDERAL 17-27-13
well well by other	9. WELL NO.
2. NAME OF OPERATOR	1
DOME PETROLEUM CORP.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive,	WAW PICTURED CLIFF
Suite 107, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 1:	AREA
below.)	SEC. 17, T27N, R13W
AT SURFACE: 1460' FNL, 870' FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE NEW MEXICO
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	,
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECLIFET FOR APPROVAL TO SUPPRESSED DESCRIPTION	6038 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
CHANGE ZONES ABANDON*	
(other) RUN PRODUCTION CASING	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stincluding estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertin	directionally drilled give subsurface locations and
Drilled to 1506'. Ran 49 joints (1495') 2 7/8",	6 EB T EE RITH maning
Casing landed at 1495' GL.	, 0.5#, 5-55, EUE Casing.
Cemented with 125 sacks 65/35 Pozmix with 6% GEI	
Followed with 50 sacks class "B" cement with 2%	
Plug down at 2:30 PM, 05/02/79. Circulated ceme	ent.
	The state of the s
	1 12/19/19
Subsurface Safety Valve: Manu. and Type	Set @ 0 ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED THE DRILLING FOR	REMAN DATE May 7, 1979

(This space for Federal or State office use) ____ TITLE __

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side