

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 ☒ other ☐
2. NAME OF OPERATOR
DOME PETROLEUM CORPORATION
3. ADDRESS OF OPERATOR 501 Airport Drive
Suite 107, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FSL, 1120' 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) RUN PRODUCTION CASING | <input type="checkbox"/> | <input type="checkbox"/> |

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.)*

Drilled to 1484'. Ran 49 joints (1473') 2 7/8", 6.5#, J 55 EUE casing. Casing landed at 1473' GL. Cemented with 125 sacks 65/35 Pozmix with 6% gel, 1 1/4# Floseal/sk, and 10# Gilsonite/sk. Followed with 50 sacks class "B" cement with 2% CaCl, 1/4# Floseal/sk, and 10# Gilsonite/sk. Plug down at 7:00 PM, 12/12/79. Circulated cement.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED H.D. Hollingsworth TITLE DRILLING & PROD. FOREMAN DATE December 17, 1979
H.D. HOLLINGSWORTH

(This space for Federal or State office use)

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

NMOCC

*See Instructions on Reverse Side

5. LEASE NOO-C-14-20-7481	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME NAVAJO	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME DOME NAVAJO 21-23-13	
9. WELL NO. 3	
10. FIELD OR WILDCAT NAME WAW FRUITLAND-PICTURED CLIFF	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 21, T27N, R13W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6053 GR	

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

