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DISTRIBUTION			ĺ
SANTA FE			
FILE			<u></u>
U.S.G. S.			L_
LAND OFFICE			
TRANSPORTER	OIL	1	<u> </u>
	GAS		
OPERATOR		1	
PROBATION OFFICE			

NEW MEXICO DIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND

Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Dome Petroleum Corporation c/o Minerals Management Inc., 501 Airport Dr., Farmington, New Mexico 87401 Other (Please explain) Reason(s) for filing (Check proper box) Oper \mathbf{x} Change in Transporter of: New Well Dry Gas Recommission Casinghead Gas Condensate Change tri Ownership If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE
| Well No. | Pool Name, Including Formation Kind of Lease Lease No. State, Federal or Fee Federal NM15646 2 Undesignated Entrada Federal 21 Location 2310 2310 Feet From The_ N Feet From The _ Line and McKinley 20N 5W NMPM, County 21 Range Township Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil O. Box 1183, Houston, Texas 77001

dress (Give address to which approved copy of this form is to be sent) Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Is gas actually connected? Sec. P.ge. Unit Twp. If well produces oil or liquids, give location of tanks. 20N | 5W 21 No If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Same Res'v. Diff. Res'v. Workover Plug Back Oil Well Gas Well New Well Deepen Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 5926 9-25-76 6150 8-15-76 Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) 3001 5910 **Entrada** 6818 KB Depth Casing Shoe 6126 5910-5915 w/2 SPF TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 200 sacks 208 10 3/4" 15" 475 sacks 6126 8 3/4" 7/8" 3001 2 (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Pumping 9-27-76 9-21-76 Casing Pressure Tubing Pressure Length of Test TSTM TSTM 17 Water - Bbls. Oil-Bbls. Actual Prod. During Test STMEP 2 9 1976 203 203 OIL CON. COM. **GAS WELL** Vity of Disament Bbis. Condensate/MMCF Actual Prod. Test-MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Area Manager/Minerals Management Inc (Title)

September 29, 1976

(Date)

OIL CONSERVATION COMMISSION

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Orig	inal Signed	by A.	R.	Kendrick	
TITLE	SUPERVISOR	DIST.	#5		

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.