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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

B.K.

Operator DOME PETROLEUM CORP.	
Address 501 Airport Drive, Suite 107, Farmington, New Mexico 87410	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dome Navajo 29-21-7	Well No. 1	Pool Name, Including Formation WC Undesignated Entrada	Kind of Lease State, Federal or Fee Navajo	Lease No. NOO-C-14-3668
Location Unit Letter D ; 660 Feet From The North Line and 500 Feet From The West Line of Section 29 Township 21N Range 7W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'tv. <input type="checkbox"/>	Diff. Res'tv. <input type="checkbox"/>
Date Spudded 2/25/80	Date Compl. Ready to Prod. 4/16/80	Total Depth 6196	P.B.T.D. 6138					
Elevations (DF, RAB, RT, GR, etc., 6802' GR	Name of Producing Formation Entrada	Top Oil/Gas Pay 5994	Tubing Depth 2468					
Perforations 5994' - 5998'	Depth Casing Shoe 6180'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
13 1/4"	9 5/8"	193'	200 sacks					
8 1/2"	7"	6180'	670 sacks					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks 4/16/80	Date of Test 4/20/80	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure 0	Casing Pressure 0	Choke Size
Actual Prod. During Test 5 Bbls.	Oil-Bbls. 5	Water-Bbls. 360	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

H. D. HOLLINGSWORTH (Signature)
Drilling & Production Foreman
(Title)

6/5/80

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 26 1980
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT #3

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.