

DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

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

Operator - DOME PETROLEUM CORP.	
Address 501 Airport Dr., Suite 114, Farmington, New Mexico 87401	
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 28-22-6	Well No. 4	Pool Name, including Formation Rusty Chacra Extension	Kind of Lease Navajo State, Federal or Fee Allotted	Lease No. N00-C-14-20-5045
Location Unit Letter <u>K</u> ; <u>1720</u> Feet From The <u>South</u> Line and <u>1640</u> Feet From The <u>West</u> Line of Section <u>28</u> Township <u>22N</u> Range <u>6W</u> , NMPM, <u>Sandoval</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
SOUTHWEST GAS CORPORATION	5241 Spring Mountain Rd., P.O. Box 15015 LAS VEGAS, NEVADA 89114	
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	Gas Well	New Well	Workover	Deepen	Plug Back	Game Res.	Diff. Res.
		X	X					
Date Spudded 12/4/80	Date Compl. Ready to Prod. 12/31/80		Total Depth 2200'		P.B.T.D. 2147'			
Elevations (DF, RKB, RT, GR, etc.) 6913' GR	Name of Producing Formation Chacara		Top Oil/Gas Pay 1734'		Tubing Depth 1748'			
Perforations 1734'-1756'					Depth Casing Shoe 2196'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2"	8 5/8"		137'		100 sacks			
6 3/4"	4 1/2"		2190'		300 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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1,429	Length of Test 3 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 482 psi.	Casing Pressure (Shut-in) 483 psi.	Choke Size 3/4"

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.

JAMES HAZEN (Signature)
Drilling & Production Foreman
12/31/80 (Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 19 1980, 19
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 filled for each pool in multiply completed wells.