	UISTRIBUTION SANTA FE		CONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110
	U.S.G.S. LAND OFFICE IRAPSPORTER OIL GAS OPERATOR	1	AND ANSPORT OIL AND NATURAL	Effective 1-1-65
1.	PRORATION OFFICE Operator DOME PETROLEUM COR	P.		
	501 Airport Drive, Reason(s) for filing (Check proper box New We!! Recompletion Change in Ownership	Change in Transporter of: Oil Dry G	Other (Please explain)	
	If change of ownership give name and address of previous owner			
11.	DESCRIPTION OF WELL AND Lease Name DOME NAVAJO 28-22-6 Location	Well No. Pool Name, Including	ra Extension Kind of Lea	se NAVAJO ral or Fee ALLOTTED NOO-E-14- 20-5044
	Unit Letter I : 178		ne and <u>830</u> Feet From	
III.	DESIGNATION OF TRANSPORT		AS Address (Give address to which appr	oved copy of this form is to be sent)
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) 5241 Spring Mountain Rd., P. 0. Box 15015 LAS VEGAS, NEVADA 89114 Unit Sec. Twp. Pge. Is gas actually connected? When			
	If well produces all or liquids, give location of tanks. If this production is commingled wi	th that from any other lease or pool,	No N	
	COMPLETION DATA Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	Date Spudded 9/06/80	Date Compl. Ready to Prod. 10/13/80	Total Depth 2225	P.B.T.D. 2165'
	Elevations (DF, RKB, RT, GR, etc., 6947 GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1860'	Tubing Depth 1807' Depth Casing Shoe
	1790'-1816', 1852		D CEMENTING RECORD	2219'
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	12¼" 6½"	8 5/8" 4½"	134' 2219'	100 sacks 300 sacks
v.	TEST DATA AND REQUEST FO		after recovery of total volume of load oi epth or be for full 24 hours)	l and must be equal to at exceed top allow-
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	ift, etc.) production of the second s
	Length of Test	Tubing Pressure	Casing Pressure	Chake Size 001301980
	Actual Pred, During Test	Oil-Bble.	Water - Bble.	OIL CON COM.
ſ	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	918	3 Hrs.	0	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
Į	Back Pressure	463 psi.	463 psi.	311
V1.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATUSTICOMMISSION

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

(Date)

DRILLING & PRODUCTION FOREMAN

OCTOBER 28, 1980

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APPROVED, 19	
Original Signed by FRANK T. CHAVEZ	
AUDITOUR DISTRICT OF C	

SUPERVISOR DISTRICT 雅 3

TITLE

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

If this is a request for silowable 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 MULE 111.

All sections of this form must be filled out completely for allow-shie 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.