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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

I.

Operator
DOME PETROLEUM CORP.

Address
501 Airport Dr., Suite 114, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

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"/>

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name DOME FEDERAL 20-22-6	Well No. 2	Pool Name, including Formation Rusty Chacra Extension	Kind of Lease State, Federal or Fee Federal	Lease No. NM 17008
Location Unit Letter P ; 810 Feet From The South Line and 850 Feet From The East				
Line of Section 20 Township 22N Range 6W , NMPM, Sandoval 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: _____

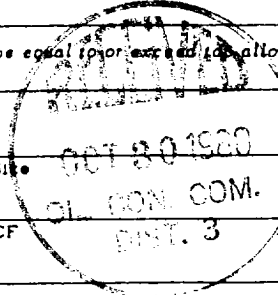
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 8/30/80	Date Compl. Ready to Prod. 10/15/80	Total Depth 2350'	P.B.T.D. 2256'					
Elevations (DF, RAB, RT, GR, etc.) 7071' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1950'	Tubing Depth 2000'					
Perforations 1973'-2013'	Depth Casing Shoe 2313'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/2"	8 5/8"	135'	110 sacks					
6 3/4"	4 1/2"	2313'	275 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 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 1049.7	Length of Test 3 Hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 426 psi.	Casing Pressure (shut-in) 426 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.

H. D. Hollingsworth
H. D. HOLLINGSWORTH (Signature)
DRILLING & PRODUCTION FOREMAN
(Title)
OCTOBER 28, 1980
(Date)

OIL CONSERVATION COMMISSION
NOV 3 1980

APPROVED _____, 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 filed for each pool in multiply completed wells.