				CONSERVATION COM FOR ALLOWABLE AND ANSPORT OIL AND		Effective 1-1-(Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65	
1.	TRANSPORTER OIL GAS OPERATOR PROPATION OFFICE							
	Operator DOME DETROLEUM CORP							
	DOME PETROLEUM CORP. Address \$01 Airport Dr. Suite 114 Farmington, New Mexico 87401							
	\$01 Airport Dr., Suite 114, Farmington, New Mexico 87401 Reoson(s) for filing (Check proper box) Other (Please explain)							
	New We'll (M) Change in Transporter of:							
	Recompletion Oil Dry Gas Condensate Casinghead Gas Condensate							
	If change of ownership give name							
	and address of previous owner		· · · · · · · · · · · · · · · · · · ·				-	
П.	. DESCRIPTION OF WELL AND LEASE Lease Name Well No.; Pool Name, Including Formation Kind of Lease Lea							
	Dome Federal 29-22-6 3 Rusty Chacra				1	o or Fee Federal	NM 6676	
	Unit Letter H : 1820 Feet From The North Line and 850 Feet From The East							
	Line of Section 29 Township 22N Range 6W , NMPM, Sandoval County							
III.	DESIGNATION OF TRANSPORT		D NATURAL G		to which appro	ved copy of this form is t	o be sent)	
	Name of Authorized Transporter of Casinghead Gas or Dry Gas X			5241 Spring Mountain Rd., P.O.Box 15015				
	SOUTHWEST GAS CORPORATION Unit Sec. Twp. Pige.			LAS VEGAS, NEVADA 89114				
	If well produces oil or liquids, give location of tanks.	<u> </u>	<u> </u>		· i			
	If this production is commingled wi	th that from any ot	ther lease or pool	, give commingling orde	er numb er :			
IV.	COMPLETION DATA	Oil W	ell Gas Well	New Well Workover	Deepen	Plug Back Same Res	s'v. Diff. Res'v.	
	Designate Type of Completic	1	X	X			<u> </u>	
	Date Spudded	Date Compl. Ready	=	Total Depth		P.B.T.D. 2165		
	11/24/80 Elevations (DF, RKB, RT, CR, etc.)	12/31/80		2240 1 Top O:1/Gas Pay		Tubing Depth		
	6977' GR	Chacra		1830'		1860'	1860'	
	Perforations					Depth Casing Shoe		
	1830'-1860' TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	TUBING, CASING, AN		DEPTH SET		SACKS CEMENT		
	124"	8 5/8"			138'		100 sxs.	
	63,11	45"		2220'		300 sxs.		
		!		1		and the same of th		
v.	TEST DATA AND REQUEST F	OR ALLOWABLE	E (Test must be	after recovery of total vol lepth or be for full 24 hour	ume of load oil	and must be equal to or	exceled top allow	
	OIL WELL Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
		Tubing Piessure		Cosing Pressure Ci		Chole Size	hote Size / /So-	
	Length of Test	1 22114 1 10-000				1 0 3 5 000		
	Actual Pred. During Test	Oil-Bbla.		Water-Bbls. Ga		Gos-MCF	O-MEF 3 W	
-							J. Mark	
	Actual Prod. Tool-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
	1.265	3 hrs.		0		·		
	T	Tubing Pressure (Shut-in)		Cosing Pressure (Ebut-in)		Choke Size		

OIL CONSERVATION COMMISSION

Original Signed by FRANK T. CHAVEZ

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

If this is a request for allowable for a newly drilled or despened 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 1, 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.

SUPERVISOR DISTRICT

APPROVED_

BY.

TITLE _

Back Pressure

12/31/80

VI. CERTIFICATE OF COMPLIANCE

JAMES HAZEN (Signature)
Drilling & Production Foreman

458 psi

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.

(Title)

(Date)