



DOME PETROLEUM CORP.

501 AIRPORT DRIVE

SUITE 107

FARMINGTON, NEW MEXICO 87401
TABULATION OF DEVIATION TEST

TELEPHONE
(505) 325-2897

DOME PETROLEUM CORP.
DOME FEDERAL 10-22-7, #1
SANDOVAL COUNTY, NEW MEXICO

DEVIATION

$1\frac{1}{2}^{\circ}$

$1\frac{3}{4}^{\circ}$

$\frac{3}{4}^{\circ}$

DEPTH

1025'

1775'

2320'



AFFIDAVIT

This is to certify that the above deviation tests are correct
to the best of my knowledge.

H. D. Hollingsworth
H. D. HOLLINGSWORTH
DRILLING AND PRODUCTION FOREMAN
DOME PETROLEUM CORP.

Subscribed and sworn before me this the 10th day of
November, 1980. My commission expires 7-25-83.

Notary Public

Cindy Duncan



OFFICIAL SEAL
CINDY DUNCAN
NOTARY PUBLIC - NEW MEXICO
Notary Bond Filed with Secretary of State
My Commission Expires: 7-25-83



Job separation sheet

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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

I. Operator
DOME PETROLEUM CORP.
Address
501 Airport Drive, Suite 114, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box) Other (Please explain)
New Well ☒ Change In Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change In Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
DOME FEDERAL 10-22-7	1	Rusty Chacra Formation	State, Federal or Fee Federal	NM 6680
Location Unit Letter H : 1560 Feet From The North Line and 860 Feet From The East Line of Section 10 Township 22N Range 7W , 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
9/10/80	10/23/80	2320'	2123'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
6983' GR	Chacra	1910'	1879'					
Perforations			Depth Casing Shoe					
1868'-1910'			2307'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	134'	100 sacks					
6 1/2"	4 1/2"	2307'	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.)	
		Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
733	3 Hrs.	0	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	468 psi.	464 psi.	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
DRILLING & PRODUCTION FOREMAN

NOVEMBER 10, 1980

OIL CONSERVATION COMMISSION

APPROVED NOV 14 1980
Original Signed by FRANK T. CHAVEZ
BY
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.