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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-111  
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)	
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

Lessee Name DOME FEDERAL 10-22-7	Well No. 1	Pool Name, Including Formation Rusty Chacra Formation	Kind of Lease State, Federal or Fee Federal	Lease No. NM 6680
Location Unit Letter <u>H</u> ; <u>1560</u> Feet From The <u>North</u> Line and <u>860</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>22N</u> Range <u>7W</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)
<u>SOUTHWEST GAS CORPORATION</u>	<u>5241 Spring Mountain Rd., P. O. Box 15015</u> <u>LAS VEGAS, NEVADA 89114</u>
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 9/10/80	Date Compl. Ready to Prod. 10/23/80	Total Depth 2320'	P.B.T.D. 2123'					
Elevations (DF, RKB, RT, GR, etc.) 6983' GR	Name of Producing Formation Chacra	Top Oil/Gas Pay 1910'	Tubing Depth 1879'					
Perforations 1868'-1910'	Depth Casing Shoe 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.)	
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 733	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 0	Gravity of Condensate -----
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 468 psi.	Casing Pressure (Shut-in) 464 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)

NOVEMBER 10, 1980

(Date)

OIL CONSERVATION COMMISSION

NOV 14 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.