| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved a Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Shirt address (Give address to which approved a SQUITHWEST GAS CORPORATION  If well produces cil or liquide, que location of tarks.  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)  Date Spudded  Date Compl. Ready to Prod.  11/15/80  Elevations (DF, RAB, RT, GR, etc.)  Perforations  1405'—1470'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  124"  8 5/8"  128'  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL, WEIL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Producing Method (Flow, pump, gas lift, etc.)  | Form C-104 Supersedes Old C-104 and C-116 Effective 1-1-65 |
|--|--|
| If change of ownership give name and address of previous owner  II. DESCRIPTION OF WELL AND LEASE  Lease Name  DOME FEDERAL 34-22-7  1 Rusty Chacra Extension  Vita of Lease  Dome Federal 34-22-7  1 Rusty Chacra Extension  Vita of Lease  State, Federal of Federal Off Federal of Federal Off Federal of Federal Off Federal of Federal Off Federal |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease Name  DOME FEDERAL 34-22-7  1 Rusty Chacra Extension  State, Federal or F  Location  Unit Letter B: 1120 Feet From The North Line and 1535 Feet From The  Line of Section 34 Township 22N Range 7W , NMFM, Sando  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Nome of Authorized Transporter of Oil or Condensate Address (Give address to which approved condensate of Authorized Transporter of Casinghead Gas or Dry Gas (X).  SOUTHWEST CAS CORPORATION  If well produces of a Builds, Unit of Sec. Twp. Fige. Is gas actually connected? When give location of tanks.  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)  Date Spudded Date Compl. Ready to Prod.  Date Spudded Date Compl. Ready to Prod.  Ferforations  1405'-1470'  TUBING, CASING, AND CEMENTING RECORD  MOLE SIZE CASING & TUBING SIZE DEPTH SET  128'  8 5/8"  128'  128'  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and moll. WEIL  Date First New Cill Bun To Tanks Date of Test  Producing Method (Flow, pump, gas life, etc.)  Producing Method (Flow, pump, gas life, etc.)  Producing Method (Flow, pump, gas life, etc.)   |  |
| Lease Name   DOME FEDERAL 34-22-7   1   Rusty Chacra Extension   State, Federal of F   |  |
| DOME FEDERAL 34-22-7  1 Rusty Chacra Extension    Dome   D |  |
| Line of Section 34 Township 22N Ronge 7W , NMPM, Sando  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Nome of Authorized Transporter of Oil  | Federal NM 12373   |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil  | East   |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved a Name of Authorized Transporter of Casinghead Gas or Dry Gas X. Science address to which approved a SQUITHWEST GAS CORPORATION If well produces all or liquids, give location of torks.  If this production is commingled with that from any other lease or pool, give commingling order number:  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 Plans Spudded Pate Compl. Ready to Prod. Total Depth P. J. A. X.  | val County   |
| SOUTHWEST GAS CORPORATION   1AS VEGAS, NEVADA 89 14   14   14   14   15   15   15   15   | ppy of this form is to be sent)                            |
| 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)   | opy of this form is to be sent) P. O. Box 15015            |
| Designate Type of Completion — (X)  Date Spudded  Date Compl. Ready to Prod.  11/15/80  Elevations (DF, RKB, RT, GR, etc.)  Perforations  1405'—1470'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  12½"  8 5/8"  128'  6¾"  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL, WEIL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Producing Method (Flow, pump, gas lift, etc.)   |  |
| 9/29/80 Elevations (DF, RKB, RT, GR, etc.) Name of Froducing Formation  6761' GR Chacra  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET  12½" 8 5/8" 128'  6¾" 128'  1878'  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL, WEIL  Date First New Oil Run To Tanks  Date of Test  Producing Method (Flow, pump, gas lift, etc.)  Producing Method (Flow, pump, gas lift, etc.)  | g Back   Same Restv. Diff. Restv.                          |
| Tubing Casing and Cementing Record   Tubing Casing and Cementing Record   Tubing Casing and Cementing Record   | 3.T.D.   |
| Chacra   1405   Perforations   Descriptions   Descr   | 1821'  |
| Perforations  1405'-1470'  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET  12½" 8 5/8" 128'  6¾" 4½" 1878'  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)   | 1445'  |
| TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE CASING & TUBING SIZE DEPTH SET  12½" 8 5/8" 128"  6½" 4½" 1878'  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and make the able for this depth or be for full 24 hours)  Producing Method (Flow, pump, gas lift, etc.)  | oth Casing Shoe  |
| HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  12½"  8 5/8"  128'  1878'  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  Date First New Oil Bun To Tanks  Date of Test  Date of Test  Depth set  128'  1878'  1878'  Producing Method (Flow, pump, gas lift, etc.)  | 1878'  |
| 12½" 8 5/8" 128' 6½" 4½" 1878'  V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and make the producing Method (Flow, pump, gas lift, etc.    Date First New Oil Bun To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)  | SACKS CEMENT   |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Date First New Oil Bun To Tanks  Date of Test  Date of Test  Producing Method (Flow, pump, gas lift, etc.)   | 100 sacks  |
| OII. WELL    Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, esc.)  | 250 sacks  |
| OII. WELL    Date First New Oil Run To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, esc.)  |  |
| Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.  | ust be equal to sed top allow-                             |
| Length of Test Tubing Pressure Casing Pressure Ch  |  |
|  | oke Sire   |
| Actual Pred. During Test Oil-Bbls. Water-Bbls. Ga  | •-MCF 3  |
|  |  |
| GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gr   |  |
| Actual Prod. 1881-NSF/D  | rvity of Condensate  |
| 1 /n / / / / / / / / / / / / / / / / / /   | rvity of Condensate  |
| Back Pressure 462 psi. 462 psi.  | rvity of Condensate  |

VI. CERTIFICATE OF COMPLIANCE

November 18, 1980

Melelingsweeth

H. D. HOLLINGSWORTH

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)

NOV 24 1300

Original Signed by CHARLES GHOLSON

TITLE \_\_DEPUTY OIL & GAS INSPECTOR, DIST. #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 NULE 111.

All sections of this form must be filled out completely for silow-able 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.