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|------------------|-----|--|--|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| 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-11
Effective 1-1-65



| | |
|---|---|
| Operator DOME PETROLEUM CORP. | |
| Address 3600 Southside River Rd., 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

DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|---------------|--|--|-------------------------|
| Lease Name Dome Federal 1-21-7 | Well No. 1 | Pool Name, including Formation Rusty Chacra | Kind of Lease State, Federal or Fee Federal | Lease No. N.M. 15649 |
| Location | | | | |
| Unit Letter H ; 1540 Feet From The North Line and 1050 Feet From The East | | | | |
| Line of Section 1 Township 21N Range 7W , NMPM, Sandoval County | | | | |

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) | |
| DOME PETROLEUM CORP. | 2900 Dome Tower, 1625 Broadway, Denver, Colo. 80202 | |
| 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:

COMPLETION DATA

| | | | | | | | | | |
|--|---------------------------------------|----------|--------------------------|----------|----------------------------|----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Some Res'v. | Diff. Res'v. |
| | | | X | X | | | | | |
| Date Spudded 5/30/82 | Date Compl. Ready to Prod. 7/02/82 | | Total Depth 1756' | | P.B.T.D. 1706' | | | | |
| Elevations (DF, RAB, RT, CR, etc.) 6919' K.B. | Name of Producing Formation Chacra | | Top Oil/Gas Pay 1530' | | Tubing Depth 1648' G.L. | | | | |
| Perforations 1562'-1650' | | | | | | Depth Casing Shoe ----- | | | |

TUBING, CASING, AND CEMENTING RECORD

| | | | |
|-----------|----------------------|------------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 12 1/4" | 8 5/8" | 139' G.L. | 100 sx. |
| 6 3/4" | 4 1/2" | 1749' G.L. | 325 sx. |
| | 1 1/2" | 1648' | |

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 754 | Length of Test 3 hrs. | Bbls. Condensate/MMCF 0 | Gravity of Condensate 0 |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 292 psi. | Casing Pressure (Shut-in) 316 psi. | Choke Size 3/4" |

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.

D. Hollingsworth
D. HOLLINGSWORTH (Signature)
Area Prod. Supt.
(Title)
July 9, 1982
(Date)

OIL CONSERVATION COMMISSION
7-22-82 JUL 22 1982
APPROVED
BY Original Signed by CHARLES GHOLSON
TITLE for 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.