

DISTRIBUTION	5
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS
OPERATOR	2
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

*B.K.*

**I. OPERATOR**  
Operator: Dome Petroleum Corporation  
Address: c/o Minerals Management Inc., Suite 105  
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box):  
 New Well       Change In Transporter of:  
 Recompletion       Oil       Dry Gas   
 Change In Ownership       Casinghead Gas       Condensate

Other (Please explain):

If change of ownership give name and address of previous owner:

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Santa Fe 20</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Undesignated - Entrada</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No.
Location Unit Letter <u>G</u> ; <u>1800</u> Feet From The <u>North</u> Line and <u>2110</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>21N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1183, Houston, Texas</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>20</u>	Twp. <u>21N</u>	Range <u>8W</u>
			Is gas actually connected? <u>No</u>	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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>1-19-77</u>	Date Compl. Ready to Prod. <u>2-10-77</u>		Total Depth <u>5814'</u>		P.B.T.D. <u>5718'</u>			
Elevations (DF, RKB, RT, GR, etc.) <u>6567GR, 6569KB</u>	Name of Producing Formation <u>Entrada</u>		Top Oil/Gas Pay <u>5603'</u>		Tubing Depth <u>3012'</u>			
Perforations <u>5604-12</u>					Depth Casing Shoe <u>5783'</u>			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>15</u>	<u>10 3/4</u>		<u>248</u>		<u>200</u>			
<u>8 3/4</u>	<u>7</u>		<u>5783</u>		<u>1100 2-stage</u>			

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**

(Test must be of sufficient recovery of total volume of load oil and must be equal to or exceed top allowable for this well for full 24 hours)

Date First New Oil Run To Tanks <u>2-10-77</u>	Date of Test <u>2-12-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>0</u>	Casing Pressure <u>0</u>	Choke Size <u>Open 2"</u>
Actual Prod. During Test <u>231</u>	Oil-Bbls. <u>231</u>	Water-Bbls. <u>0</u>	Gas-MCF <u>TSTM</u>

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**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**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.

T. Arnold Snell  
(Signature)  
Area Manager, Minerals Management Inc.,  
(Title)  
February 14, 1977  
(Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19\_\_\_\_  
By Original Signed by A. R. Kendrick  
TITLE \_\_\_\_\_

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 multiple