

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 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 <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

Lease Name Santa Fe 20	Well No. 1	Pool Name, including Formation Undesignated - Entrada	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter G	1800	Feet From The North	Line and 2110	Feet From The East	
Line of Section 20	Township 21N	Range 8W	NMPM,		San Juan 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas					
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 G	Sec. 20	Twp. 21N	Range 8W	Is gas actually connected? No	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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1-19-77	Date Compl. Ready to Prod. 2-10-77		Total Depth 5814'		P.B.T.D. 5718'			
Elevations (DF, RKB, RT, GR, etc.) 6567GR, 6569KB	Name of Producing Formation Entrada		Top Oil/Gas Pay 5603'		Tubing Depth 3012'			
Perforations 5604-12					Depth Casing Shoe 5783'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 15	CASING & TUBING SIZE 10 3/4		DEPTH SET 248		SACKS CEMENT 200			
8 3/4	7		5783		1100 2-stage			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be of a 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 2-10-77	Date of Test 2-12-77	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hours	Tubing Pressure 0	Casing Pressure 0	Choke Size Open 2"
Actual Prod. During Test 231	Oil-Bbls. 231	Water-Bbls. 0	Gas-MCF TSTM

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 Smith  
(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