NO. OF CUPIES REC	15		l	
DISTRIBUTION				
SANTA FE		1		
FILE		17		-
U.S.G.S.				
LAND OFFICE	OFFICE			
IRANSPORTER	OIL	1		
	GAS			
OPERATOR		2		
PROPATION OFFICE		1		

NEW MEXICO OIL CONSERVATION COMMISSION

10

	SANTA FE	REQUEST	FOR ALLOWABLE	•	Supersedes Old C-104 and C-1. Effective 1-1-65		
	U.S.G.S.	AUTUODIZATION TO TO	AND ANTHON TO TRANSPORT ON AND MATURAL CASE				
	LAND OFFICE	_ AUTHORIZATION TO TRA	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL				6710,		
	OPERATOR 2	1					
ı.	PRORATION OFFICE	1					
	Operator						
	Dome Petroleum Corporation						
	Address %Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box		Other (Please expla	in)			
	New Well	Change in Transporter of:		,			
	Recompletion	Oil Dry Go	os 🔲				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including F	ormation Kind	of Lease	Lease No.		
	Santa Fe-Leggs: 1 Wildcat - Entrada State, Federal or Fee Fee						
	Location						
	Unit Letter 0; 99	O Feet From The South Lin	e andFee	From The East	st		
	Line of Section 11 Tox	wnship 21N Range	10W , NMPM, Sa	n Juan	County		
'			•		<u> </u>		
ш.	II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil A Or Condensate Address (Give address to which approved copy of this form is to be sent.)						
	Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved on Permian Corporation P.O. Box 1183, Houston				•		
ĺ	Name of Authorized Transporter of Cas		Address (Give address to whic				
	If well produces oil or liquids,						
į	give location of tanks.	O 11 21N 10W	No		· · · · · · · · · · · · · · · · · · ·		
		th that from any other lease or pool,	give commingling order numb	er:			
••• [COMPLETION DATA	Oil Well Gas Well	New Well Workover Dee	pen Plug Ba	ck Same Resty. Diff. Resty.		
ĺ	Designate Type of Completion	on - (X) X	X				
Ī	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.	· ·		
	7-16-77	8-13-77 Name of Producing Formation	5644 Top Oil/Gas Pay	Tubing	55881		
ł	Elevations (DF, RKB, RT, GR, etc.) 6359 GR, 6371 KB	Entrada	5404'	Tabing	3046'		
ŀ	Perforations	I I I I I I I I I I I I I I I I I I I	3101	Depth C	asing Shoe		
	5404'-5412'		·		5630 '		
	TUBING, CASING, AND CEMEN		CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT 200		
-	13 1/4 8 3/4	9 5/8", 36# 7", 20&23#	5630		960 (2 stage)		
ŀ	8 3/4	3 1/4", 9.3#	3630				
	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of le	oad oil and must b	e equal to or exceed top allow-		
ř	OII, WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump,	gas lift, etc.)	To the total		
	8-13-77	8-15-77 - 8-16-77	Pumping	(
ŀ	Length of Test	Tubing Pressure	Casing Pressure	Choke S	ize		
	18 hrs.		Water Phila	Gai-MC			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gal-wc	TSTM COM.		
1_	199 Bbl.	176	23		oist 3		
	GAS WELL				VISTO /		
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate		
		CONFID	Chaing Pressure (Shut-in)	Chok● S	1-		
	Testing Method (pitot, back pr.)	Tubing Pressure (Sharaka)	Cosing Pressure (Shuc-in)	Choke's	120		
L	CERTIFICATE OF COURT IANG		Oil CONS	ERVATION C	COMMISSION		
Y I . (CERTIFICATE OF COMPLIANO	E	012 0013	ug 25 il			
Ţ	hereby certify that the rules and re	egulations of the Oil Conservation	APPROVEDA	UG MARIA	, 19		
- (Commission have been complied w	ith and that the information given i	Original Signed by A. R. Kendrick				
			31				
			TITLE SUPERVISOR PERCO, CON				
			This form is to be filed in compliance with RULE 1104.				
_	Area Manager 1850	<u>/</u>	If this is a request fo	r allowable for a	a newly drilled or deepened tabulation of the deviation		
[th RULE 111.				
-	Minerals Management Inc. All sections of this form must be filled out completely for a able on new and recompleted wells.						
	8-17-77	/	Fill out only Section	a I. II. III. and	VI for changes of owner,		
(Date) well name or number, or transporter, or other such change of condit							
	,		Separate Forms C-10 completed wells.	4 must be filed	for each pool in multiply		
		ŧ	Combieted Mens.				