

30-045-24465

NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-7-79
Revised 1-1-80

REGISTRATION		
AMT. FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No.
LG 773

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>		8. Farm or Lease Name	
2. Name of Operator		Dome State 16-22-8	
3. Address of Operator		9. Well No.	
501 Airport Drive, Suite 114, Farmington, New Mexico 87401		1	
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LETTER <u>A</u> LOCATED <u>1165'</u> FEET FROM THE <u>North</u> LINE		<u>Risky Chacra</u> <u>8436w</u> <u>Wildcat</u>	
AND <u>1170'</u> FEET FROM THE <u>East</u> LINE OF SEC. <u>16</u> TWP. <u>22N</u> RGE. <u>8W</u> NMPM		<u>160</u>	
11. County		12. County	
San Juan		San Juan	
18. Proposed Depth		19A. Formation	
1800'		Chacra	
20. Rotary or C.T.		Rotary	
21. Elevations (Show whether DF, RT, etc.)		21A. Kind & Status Plug. Bond	
6656' GR.		Statewide	
21B. Drilling Contractor		22. Approx. Date Work will start	
Western Drilling Co.		8/15/80	

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4"	8 5/8"	32.3#	100'	100	Surface
6 1/2"	4 1/2"	10.5#	1800'	375	Surface

Move in rotary tools. Drill 12 1/4" hole to 100'. Set 100' of new 8 5/8", 23#, K55 Casing. Cement with 100 sacks Class "B" Cement with 2% CaCl. Wait on cement 12 hours. Install 6" 900 Series Blowout Preventer. Test to 500 psi before drilling out from under surface pipe. Check pipe rams daily and blind rams on trips. Drill 6 1/2" hole to T.D. The geological name of the surface formation is Tertiary Nacimiento. Gas is expected in the Chacra. All other formations are probably water bearing. Pertinent formation tops are estimated as Kirtland 250'; Fruitland 660'; Pictured Cliff 750'; Chacra 1140'; and Cliffhouse 1490'. Mud system will be low solids nondispersed. Mud weight 8.8-9.2#/Gal., F.L. 8-10 cc, Viscosity 30-50 sec./quart. No abnormal temperatures or pressures are anticipated. Logging program will be DIL, FDC/CNL with Caliper Log. Drill stem test will be taken where necessary for evaluation. If productive 4 1/2", 10.5#, K55 Casing will be run and cemented with 275 sacks 65/35 Pozmix, 6% Gel, and 10# Gilsonite/sk. Followed with 100 sacks Class "B" Cement with 2% CaCl. Drilling should require approximately 6 days. If non-productive well will be plugged and abandoned according to NMOCC instructions.

not delineated

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed W. B. Wiggins Title Drilling & Production Foreman Date July 23, 1980

(This space for State Use)

PROVED BY Frank B. Cherry TITLE SUPERVISOR DISTRICT #1 DATE JUL 24 1980

CONDITIONS OF APPROVAL, IF ANY:

APPROVAL VALID
FOR 90 DAYS UNLESS

DRILLING COMPANY

EXPIRES

10-22-80

OIL CONSERVATION DIVISION

STATE OF NEW MEXICO

P. O. BOX

Form C-107
Revised 10-1-78

STATE AND MINERALS DEPARTMENT

SANTA FE, NEW MEXICO 87501

All distances must be from the corner or corners of the Section.

Operator DOMO PETROLEUM CORPORATION			Lease DOMO-STATE 16-22-8		Well No. 1
Unit Letter A	Section 16	Township 22N	Range 8W	County San Juan	
Actual Footage Location of Well:					
1165 feet from the North line and		1170 feet from the East line			
Ground Level Elev: 6656	Producing Formation Chacra	Pool Wildcat		Dedicated Acreage: 160 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.

			1165' 1170'
	Sec.		
		16	

Scale: 1"=1000'

CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

H. D. Hollingsworth
Name

H. D. HOLLINGSWORTH

Position

Drilling & Production Foreman

Company

DOMO PETROLEUM CORP.

Date

July 23, 1980

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

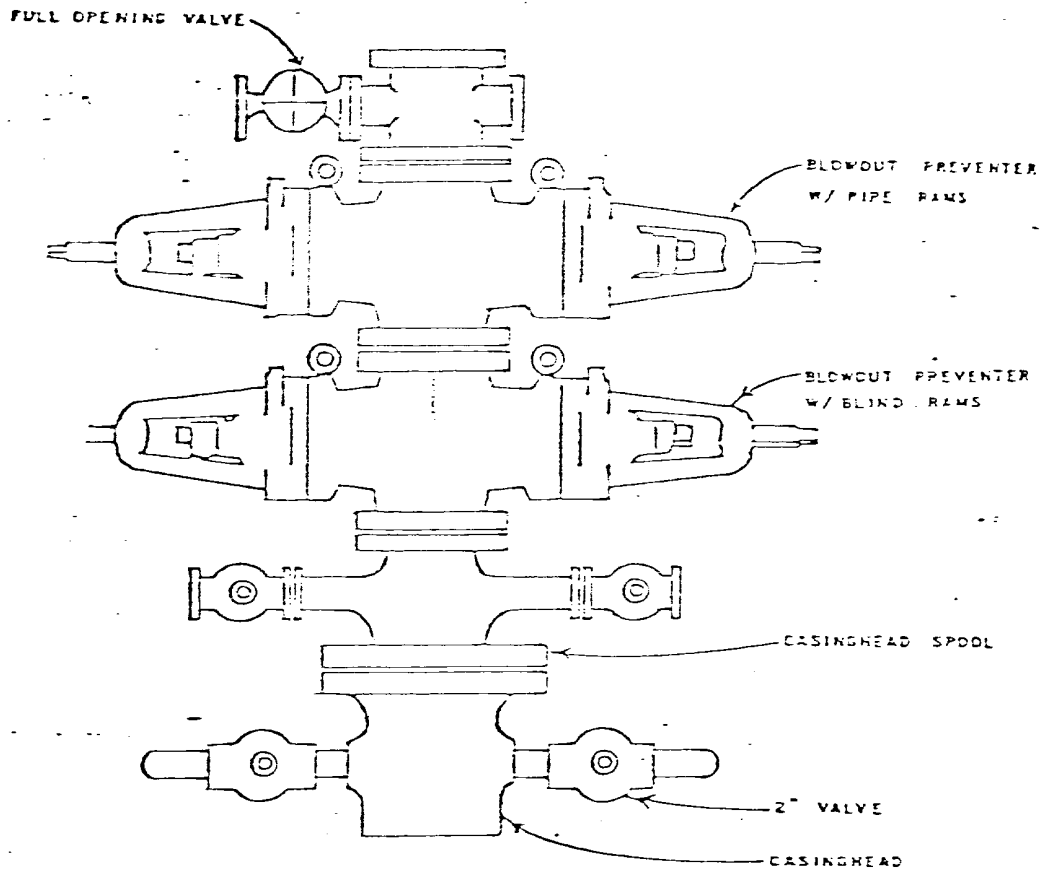
Date Surveyed
July 22, 1980

Registered Professional Engineer
and Land Surveyor

Fred S. Kern Jr.
Fred S. Kern Jr.

Certificate No.

3950



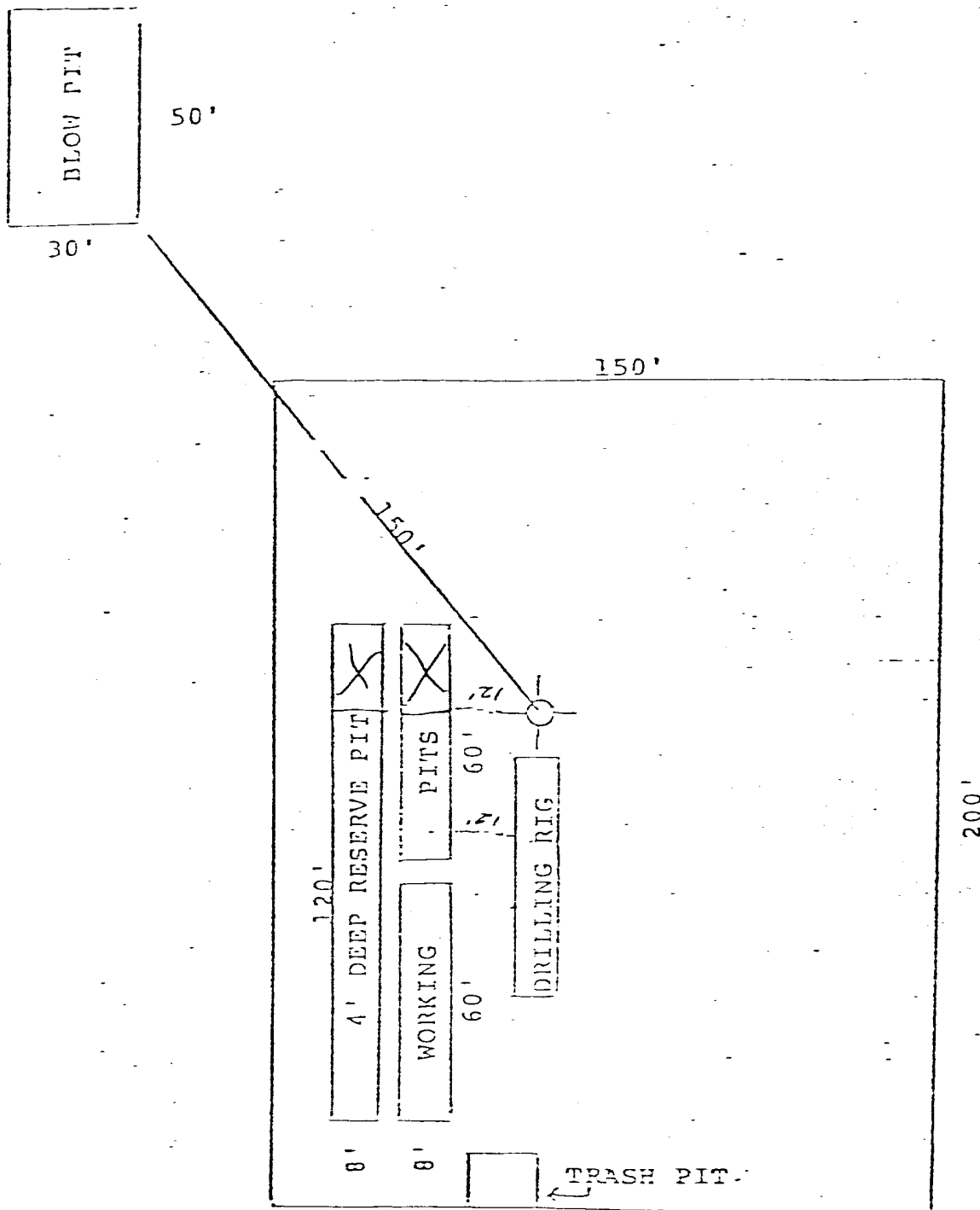
DOME PETROLEUM CORP.

SUITE 1500, COLORADO STATE BANK BLDG.

1600 BROADWAY

DENVER, COLORADO 80202

STANDARD BLOWOUT PREVENTER ASSEMBLY
6" 900 SERIES

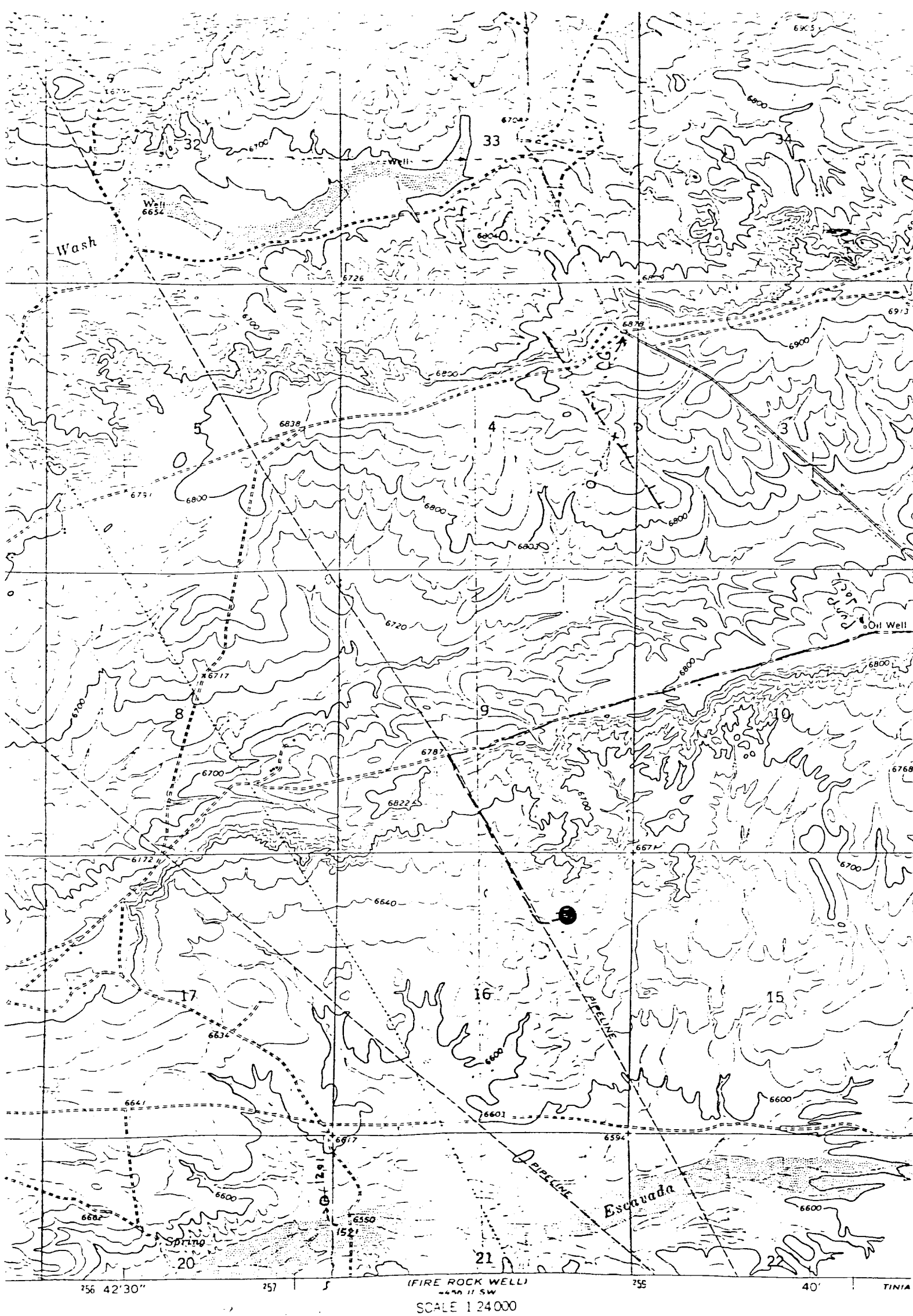


DOME PETROLEUM CORP.

SUITE 1500, COLORADO STATE BANK BLDG.

1600 BROADWAY

DENVER, COLORADO 80202



Vicinity Map for
 DOME PETROLEUM CORP. #1 DOME-STATE 16-22-8
 1165' FNL 1170' FEL Sec. 16-T22N-R8W
 SAN JUAN COUNTY, NEW MEXICO

1 MILE
 157'

CARTOGRAPHIC MAP

DISTRIBUTION
 SANTIAGO
 FILE
 LAND OFFICE
 OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

Form O-100
 Supersedes Old
 O-100 and O-105
 Effective 1-1-65

3a. Indicate Type of Lease
 State ☒ "Y" Fee ☐

3. State Oil & Gas Lease No.
 LG 773

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (SEE MARKING FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.)

7. Unit Agreement Name

8. Form or Lease Name

Dome State 16-22-8

9. Well No.

1

10. Field and Pool, or Village

Wildcat/Chacra

11. Township

16

22N

8W

San Juan

12. County

San Juan

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM DRILLING WORK ☐

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

REPAIR OR ALTER CASING ☐

OTHER ☐

CASING TEST AND CEMENT JOBS ☐

OTHER ☐

OTHER ☒ Stud and Set Surface Casing

13. Describe in brief or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. SEE INSTRUCTIONS.)

Spudded 11" hole at 7:30 a.m. 8/22/80. Drilled to 110'. Ran 3 jts. (107') 8 5/8",
 11 1/2" 115, ST&C Casing. Casing landed at 109' GL. Cemented with 100 sacks Class "B"
 cement with 2% CaCl. Plug down at 1:45 p.m. 8/22/80. Circulated cement.



14. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED: W. E. HOLMESWORTH

TITLE: Drilg. & Prod. Foreman

DATE: 8/25/80

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 3

AUG 26 1980

APPROVED BY: _____

TITLE: _____

DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

1. **RECEIVED** 1994

Feb

[illegible]

46 773

THE UNIVERSITY OF MICHIGAN

[illegible]

Idome State 16-22-8

1950

Exon	Intron	Size (bp)
1	1	100
2	2	100
3	3	100
4	4	100
5	5	100
6	6	100
7	7	100
8	8	100
9	9	100
10	10	100
11	11	100
12	12	100
13	13	100
14	14	100
15	15	100
16	16	100
17	17	100
18	18	100
19	19	100
20	20	100
21	21	100
22	22	100
23	23	100
24	24	100
25	25	100
26	26	100
27	27	100
28	28	100
29	29	100
30	30	100
31	31	100
32	32	100
33	33	100
34	34	100
35	35	100
36	36	100
37	37	100
38	38	100
39	39	100
40	40	100
41	41	100
42	42	100
43	43	100
44	44	100
45	45	100
46	46	100
47	47	100
48	48	100
49	49	100
50	50	100
51	51	100
52	52	100
53	53	100
54	54	100
55	55	100
56	56	100
57	57	100
58	58	100
59	59	100
60	60	100
61	61	100
62	62	100
63	63	100
64	64	100
65	65	100
66	66	100
67	67	100
68	68	100
69	69	100
70	70	100
71	71	100
72	72	100
73	73	100
74	74	100
75	75	100
76	76	100
77	77	100
78	78	100
79	79	100
80	80	100
81	81	100
82	82	100
83	83	100
84	84	100
85	85	100
86	86	100
87	87	100
88	88	100
89	89	100
90	90	100
91	91	100
92	92	100
93	93	100
94	94	100
95	95	100
96	96	100
97	97	100
98	98	100
99	99	100
100	100	100

Wildcat/Chacra

[illegible][illegible]

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTION OF IDENTICAL TO:

SUBSEQUENT REPORT OF:

© 2006 The Authors
Journal compilation © 2006 Blackwell Publishing Ltd

REFERENCES

REMEDIAL WORK

ALTERING CASINO

✓ EVIDENCE - REFINED.

COMMENCE DRILLING OPNS.

RELEASE AND ABANDONMENT

[illegible]
$$\frac{d^2}{dt^2} \left(\frac{1}{r} \right) = - \frac{1}{r^3} \left(\frac{dr}{dt} \right)^2 - \frac{1}{r^3} \left(\frac{d^2 r}{dt^2} \right) \quad (1)$$

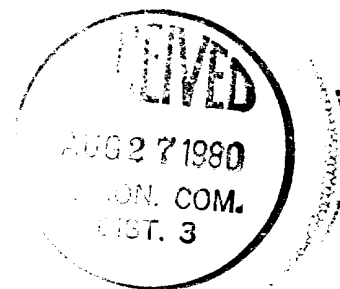
CASING TEST AND CEMENT JOB

CONCLUSIONS

Page Set Production Casinc

5. Describe in detail the proposed operations - State all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Run in pipe. 1724' to 44', 10.5#, HSB, STD Casing. Casing landed at 1700' GL. Cemented with 17 sacks 65/25 Pozmix with 6# Gel and 10# per sack Gilsomite. Followed with 100 sacks Class "B" Cement with 2# CaCl. Plug down at 7:05 p.m. 7/25/80. Circulated cement.



18. I hereto certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED John H. Hargrave

TITLE Drilg. & Prod. Foreman

DATE 8/26/80

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

DATE **AUG 27 1980**

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

Form C-105
Revised 11-78

NEW MEXICO OIL CONSERVATION COMMISSION WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG 773

10. TYPE OF WELL
OIL WELL ☐ GAS WELL ☒ DRY ☐ OTHER ☐
1. TYPE OF COMPLETION
NEW WELL ☒ WORK OVER ☐ DEEPEN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ OTHER ☐

7. Unit Agreement Name
8. Farm or Lease Name
Dome State 16-22-8
9. Well No.
1

2. Name of Operator
Dome Petroleum Corp.
3. Address of Operator
501 Airport Drive, Suite 114, Farmington, New Mexico 87401
4. Location of Well

10. Field and Pool, or Wildcat
Wildcat/Chacra

UNIT LETTER A LOCATED 1165' FEET FROM THE North LINE AND 1170' FEET FROM

THE Fast LINE OF SEC. 16 TWP. 22N RGE. 8W NMPM San Juan

10. County
San Juan

15. Date Spudded 8/22/80 16. Date T.D. Reached 8/24/80 17. Date Compl. (Ready to Prod.) 10/07/80 18. Elevations (DF, RKB, RT, GR, etc.) 6656' GR 19. Elev. Casinghead 6654'

20. Total Depth 1700' 21. Plug Back T.D. 1651' 22. If Multiple Compl., How Many ----- 23. Intervals Drilled By Rotary Tools 0'-1700' Cable Tools No

24. Producing Interval(s), of this completion - Top, Bottom, Name
Chacra 1154'-1274'

25. Was Directional Survey Made
No

26. Type Electric and Other Logs Run
IES, FDC/CNL/GR

27. Was Well Cored
No

28. CASING RECORD (Report all strings set in well)					
CASING SIZE	WEIGHT LB./ FT.	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	23#	109'	11"	100 sacks (circulated)	Line
4 1/2"	10.5#	1700'	6 3/4"	275 sacks (circulated)	None

29. LINER RECORD					30. TUBING RECORD	
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET
					2 3/8"	1210'

31. Perforation Record (Interval, size and number)
1154'-1274' w/3 1/8" csg. gun, 1 shot/2'

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED
1154'-1274'	1000 gals. 15% HAS-1. Foam fracked w/55,000 gals 70% quality foam and 65,000# 10-20 sand.

33. PRODUCTION

Date First Production <u>9/20/80</u>	Production Method (Flowing, gas lift, pumping - Size and type pump) <u>Flowing</u>	Well Status (Prod. or Shut-in) <u>Shut-in</u>
Date of Test <u>10/7/80</u>	Hours Tested <u>3</u>	Choke Size <u>1/4"</u>
Flow Tubing Press. <u>80 psi</u>	Casing Pressure <u>ECP 95 psi</u> <u>SICP 280 psi</u>	Calculated 24-Hour Rate <u>0</u>
	Oil - Bbl. <u>0</u>	Gas - MCF <u>17.25</u>
	Water - Bbl. <u>0</u>	Gas - Oil Ratio <u>---</u>

34. Disposition of Gas (Sold, used for fuel, vented, etc.)
To Be Sold-Test Vented

Test Witnessed By

35. List of Attachments

36. I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief.

SIGNED H. D. Hollingsworth TITLE Drlo. & Prod. Foreman DATE 10/14/80

The form is to be filed with the appropriate District Office of the Commission not later than 20 days after the completion of any newly-filled or destroyed well. It shall be accompanied by one copy of all pertinent and reasonably pertinent information on the well and a summary of all reported tests conducted, in part or in whole, and the results. All data reported shall be rounded off to the nearest whole number. The form is to be filed in duplicate copies and also be retained for multiple completion. Items 10 through 14 shall be reported for each zone. The form is to be filed in duplicate with the state land, where the copies are required. See Rule 115.5.

Northeastern New Mexico

Northeastern New Mexico

OIL OR GAS SANDS OR ZONES

IMPORTANT WATER SANDS

No. 1, from	to	lect.
No. 2, from	to	lect.
No. 3, from	to	lect.
No. 4, from	to	lect.



DOME PETROLEUM CORP.

501 AIRPORT DRIVE

SUITE 107

FARMINGTON, NEW MEXICO 87401

TABULATION OF DEVIATION TEST

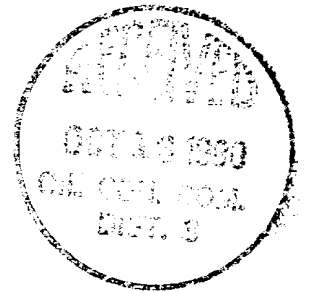
DOME PETROLEUM CORP.
DOME STATE 16-22-8, #1
SAN JUAN COUNTY, NEW MEXICO

TELEPHONE
(505) 325-2897

<u>DEVIATION</u>	<u>DEPTH</u>
$\frac{1}{2}^{\circ}$	1100'
1°	1700'

This is to certify that the above deviation tests
are correct to the best of my knowledge.

H. D. Hollingsworth
H. D. HOLLINGSWORTH
DRILLING & PRODUCTION FOREMAN
DOME PETROLEUM CORP.



Subscribed and sworn before me this the 15th day of
October, 1980. My commission expires 7-25-83.

Notary Public Cindy Duncan.



OFFICIAL SEAL
CINDY DUNCAN
NOTARY PUBLIC - NEW MEXICO
Notary Bond Filed with Secretary of State
My Commission Expires: 7-25-83

S

30-045-24465

7-24-80

F. Loc. 1165/N; 1170/E

Elev. 6656 GL

Spd. 8-22-80

Comp. 10-7-80

TD 1700

PB 1651

Casing S. 8 5/8 @ 109 W 100 Sx.

Int.

W

Sx. Pr. 4 1/2

@ 1700 W 275

Sx.

T. 2 3/8

@ 1210

Csg. Perf.

1154-1274

Prod. Stim.

SIF

I.P. 138

MCF/D After

Hrs.

SICP 280

PSI After

Days GOR

Grav.

1st Del.

TRANS

TOPS

NITD

Well Log

TEST DATA

Kirtland

C-103

Plat

Schd.

PC

Q

PW

PD

D

Ref. No.

Fruitland

C-104

Electric Log

Pictured Cliffs

780

Cliff House

1145

1515

Ditr

C-122

Dfa

Dac

Menefee

Ditr

Dac

Point Lookout

Mancos

Gallup

Sanostee

Greenhorn

Dakota

Morrison

Entrada

re-entry an old well part 1-12-94

By Dugan pr d + clay down to

Jackson #1

Texaco Gil Inc.

Name Peter Chap

160

Cha CoSJ

S

16

T

22N

R8W

U

A

Op.

Texaco, Inc.

Lse Dome State 16-22-8. 1

RECEIVED	
DISTRIBUTION	
DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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-110
Effective 1-1-65

Operator Dome Petroleum Corp.	
Address 501 Airport Drive, Suite 114, 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 Dome State 16-22-8	Well No. 1	Pool Name, including Formation Wildcat/Chacra	Kind of Lease State, Federal or Fee State	Lease No. LG 773
Location				
Unit Letter A ; 1165' Feet From The North Line and 1170' Feet From The East				
Line of Section 16 Township 22N Range 8W, NMPM, San Juan County				

III. 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)	
El Paso Natural Gas Company	P. O. Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When	
	No	

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	Plug Back	Same Res'ty.	Diff. Res'ty.
		X	X					
Date Spudded 8/22/80	Date Compl. Ready to Prod. 10/07/80		Total Depth 1700'		P.B.T.D. 1651'			
Elevations (DF, K&B, RT, GR, etc.) 6656' GR	Name of Producing Formation Chacra		Top Oil/Gas Pay 1154'		Tubing Depth 1210'			
Perforations 1154' - 1274'					Depth Casing Shoe 1700'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8 5/8"		109'		100 sacks			
6 3/4"	4 1/2"		1700'		275 sacks			

V. 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 the 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 138	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 275 psi	Casing Pressure (shut-in) 280 psi	Choke Size 1/4"

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.

H.D. HOLLINGSWORTH
Drilling & Production Foreman

October 7, 1980

OIL CONSERVATION COMMISSION

APPROVED
Original Signed by CHARLES GIBSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #2

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.

NO. OF COPIES RECEIVED		
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-111
Effective 1-1-65

RECEIVED
MAR 14 1984
OIL CON. DIV.
DIST. 3

I. Operator TEXACO Inc.,
Address P. O. Box 2100, Denver, Colorado 80201
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in OPERATOR ☒ Casinghead Gas ☐ Condensate ☐
Other (Please explain) [REDACTED]

If change of ownership give name and address of previous owner Dome Petroleum Corp., 1625 Broadway, Denver, Colorado

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Dome STATE 16-22-8</u>	Well No. <u>1</u>	Pool Name, including Formation <u>WILDCAT/CHACRA</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>LG 773</u>
Location Unit Letter <u>A</u> : <u>1165'</u> Feet From The <u>NORTH</u> Line and <u>1170'</u> Feet From The <u>EAST</u> Line of Section <u>16</u> Township <u>22N</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 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)	
<u>EL PASO NATURAL GAS COMPANY</u>	<u>P.O. Box 990, Farmington, New Mexico 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	<u>1</u>	<u>16</u>
	Twp.	Range
	<u>22N</u>	<u>8W</u>
	Pge.	Is gas actually connected? When?
		<u>NO</u>

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	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, R.R.B., RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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/L	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.
TEXACO Inc. as Operator for Texaco Oils

Robert M. Mart
Field Supt. (Signature)

(Title)

3-9-84
(Date)

NMOCC (3) JNH CDF ARM

OIL CONSERVATION COMMISSION

APPROVED MAY 07 1984, 19____
BY Frank J. [Signature]
Inc. SUPERVISOR DISTRICT #3
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 multiply completed wells.



NO. OF COPIES RECEIVED		
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-110
Effective 1-1-65

Operator TEXACO INC.	
Address P. O. Box 2100, Denver, CO. 80201	
Reason(s) for filing (Check proper box)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Other (Please explain) This request for change of ownership from Texaco Oils Inc. to Texaco Producing Inc.

If change of ownership give name and address of previous owner Texaco Oils Inc., P. O. Box 2100, Denver, CO. 80201

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dome State 16-22-8	Well No. 1	Pool Name, including Formation Rusty Chacra	Kind of Lease State, Federal or Fee State	Lease No. LG773
Location Unit Letter <u>A</u> ; <u>1165</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>East</u>				
Line of Section <u>16</u> Township <u>22N</u> Range <u>8W</u> , NMPLM, <u>Sandoval</u> County				

III. 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 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	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: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

TEXACO INC. As Operator for
TEXACO PRODUCING INC.

SIGNED: A. A. KLEISS

(Signature)

AREA SUPERINTENDENT

(Title)

6/19/87

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE SUPERVISION 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.

RECEIVED
JUN 26 1987
OIL CON. DIV.
DIST. 3

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. LG 773	

SUNDRY NOTICES AND REPORTS ON WELLS <small>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)</small>	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Texaco Inc.	
3. Address of Operator P.O. Box EE, Cortez, CO. 81321	
4. Location of Well UNIT LETTER <u>A</u> <u>1165'</u> FEET FROM THE <u>North</u> LINE AND <u>1170'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>22N</u> RANGE <u>8W</u> NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.) 6656 GR	

7. Unit Agreement Name
8. Farm or Lease Name Dome State 16-22-8
9. Well No. 1
10. Field and Pool, or Wildcat Wildcat/Chacra
12. County San Juan

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Texaco proposes to plug and abandon the subject well in the following manner:

- 1) MIRUSU. NUBOP
- 2) TOOH w/existing production equipment. Set 4½" cement retainer @ 1125'.
- 3) Cement squeeze existing perforations (1154-1274) with 25 sx cement.
- 4) Sting out of retainer and fill entire casing volume with cement (90 sx).
- 5) Cut off wellhead, install permanent marker and restore location.

See JAN 07 1988

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Alan A. Klier TITLE AREA SUPERINTENDENT DATE 1/6/88
Original Signed by CHARLES GAVLSON

APPROVED BY Original Signed by CHARLES GHOLSON DEPUTY OIL & GAS INSPECTOR, DIST. #3 DATE JAN 08 1988

CONDITIONS OF APPROVAL, IF ANY:

NMOGCC (3) - AAK - LAA

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-045-24465
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. LG 773
7. Lease Name or Unit Agreement Name 17979 Dome State 16-22-8
8. Well No. 1
9. Pool name or Wildcat Wildcat/Chacra

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Texaco E&P Inc.	
3. Address of Operator 3300 N Butler Farmington NM 87401	
4. Well Location Unit Letter <u>A</u> : <u>1165</u> Feet From The <u>North</u> Line and <u>1170</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>22N</u> Range <u>8W</u> NMPM San Juan County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 6656 GR	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9-13-88 Notified Ernie Bush of NMOGCD

9-14-88 MIRU Nipple up BOP's. TOH with 2-3/8 tubing. TIH with 4-1/2" cement retainer set at 1125'. Pump 25 sacks cement. Sting out of retainer. Pump 90 sacks cement from 1125' to surface. TOH with tubing. Cut off wellhead. Erect dry hole marker. Rig down unit

RECEIVED

SEP 24 1991

OIL CON. DIV.
DIST. 3

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Ted A. Tipton TITLE Area Manager DATE 9-17-91
TYPE OR PRINT NAME Ted A. Tipton (505) TELEPHONE NO. 325-4397

(This space for State Use)

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. 3

APPROVED BY _____ TITLE _____ DATE 9-24-91

CONDITIONS OF APPROVAL, IF ANY:

NMOGCD (3), RSL, MLK

TRB