

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Dome Petroleum Corporation

3. ADDRESS OF OPERATOR

80202

Suite 1500, Colorado Bank Bldg., Denver, CO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1190' FNL & 1700' FNL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

Change of operator

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Dome Petroleum Corporation is the new operator as of November 1, 1977. Designation of operator from Kirby Exploration Company, Natural Gas Pipeline Company of America, and Aquitaine Oil Corporation will follow and be effective until lease assignments are completed.

RECEIVED

NOV 18 1977

U.S. Geological Survey
Farmington, N.M.

Subsurface Safety Valve: Manu. and Type

18. I hereby certify that the foregoing is true and correct

SIGNED

Jack D. Cook

TITLE

Agent

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

5. LEASE

NM-0560223

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Frew Federal

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Nipp Pictured Cliffs

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA

Sec 29, T28N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

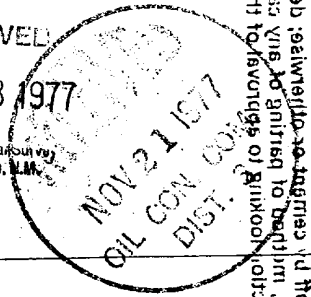
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)

6048 GL

(NOTE: Report results of multiple completions or zone change on Form 9-330.)



NO. OF COPIES RECEIVED	4
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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

I. Operator
Kirby Exploration Company

Address
P.O. Box 1745, Houston, Texas 77001

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 Frew Federal	Well No. 4	Pool Name, Including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM0560223
Location Unit Letter C ; 1190 Feet From The North Line and 1700 Feet From The West Line of Section 29 Township 26N Range 12W , 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	Box 990, Farmington, NM 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'v.	Diff. Res'v.
		X	X					
Date Spudded 5 -23-77	Date Compl. Ready to Prod. 7-12-77	Total Depth 1305	P.B.T.D. 1262					
Elevations (DF, RKB, RT, GR, etc.) 6 048 GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 1080	Tubing Depth 991					
Perforations 1080-1084 1093-1098			Depth Casing Shoe 1304					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		49		50 sk			
6 3/4	4 1/2		1304		200 sk			

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 238	Length of Test 3 hours	Bbls. Condensate/MMCF -0-	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 210	Casing Pressure (shut-in) 211	Choke Size 3/4

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.

John Alexander (Signature)
Agent
(Title)
August 10, 1977
(Date)

OIL CONSERVATION COMMISSION
APPROVED _____, 19____
ORIGINAL SIGNED BY H. L. MAXWELL, JR.
BY _____ PETROLEUM ENGINEER DIST. NO. 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.