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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

API 30-045-22650

Operator DOME PETROLEUM CORPORATION	
Address 501 Airport Drive, Suite 107, 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"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name FREW FEDERAL	Well No. 6	Pool Name, including Formation WAW FRUITLAND-PICTURED CLIFF	Kind of Lease State, Federal or Fee FEDERAL	NM Lease No. 0560223
Location Unit Letter F ; 1850' Feet From The NORTH Line and 1850' Feet From The WEST Line of Section 19 Township 26N Range 12W, NMPLM, 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 PASTO 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'v.	Diff. Res'v.
		X	X					
Date Spudded 01/11/79	Date Compl. Ready to Prod. 02/12/79	Total Depth 1330	P.B.T.D. 1297					
Elevations (DF, RAB, RT, GR, etc.) 6088 GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 1170'	Tubing Depth ---					
Perforations 1184' - 1186', 1189' - 1195'			Depth Casing Shoe 1329'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT				
9 7/8"	5 1/2"	41'		35 sacks				
4 3/4"	2 7/8"	1329'		150 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 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 717	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate ---
Testing Method (spot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 210 psi	Casing Pressure (Shut-in) 210 psi	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.

H. D. HOLLINGSWORTH (Signature)

DRILLING FOREMAN (Title)

June 4, 1979

(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 11 1979, 19

BY Original Signed by J. L. Redrick

TITLE SUPERVISOR DISTRICT # 1

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.