

API 30-045-23303

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1.

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"/> Recompletion <input type="checkbox"/> Change in Ownership <input type="checkbox"/>	Other (Please explain) Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease State, Federal or Fee	Lease No.
DOMESTIC FEDERAL 24-26-13	3	WAW FRUITLAND-PICTURED CLIFF	FEDERAL	NM31059
Location				
Unit Letter <u>H</u> ; <u>1450</u> Feet From The <u>NORTH</u> Line and <u>1190'</u> Feet From The <u>EAST</u>				
Line of Section <u>24</u> Township <u>26N</u> Range <u>13W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)		
EL PASO NATURAL GAS COMPANY				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

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 02/13/79		Date Compl. Ready to Prod. 08/30/79		Total Depth 1335		P.B.T.D. 1300			
Elevations (DF, RAB, RT, GR, etc., 6088 GR		Name of Producing Formation PICTURED CLIFF		Top Oil/Gas Pay 1182		Tubing Depth ---			
Perforations 1198-1204' 2 jet shots/ft.						Depth Casing Shoe 1332'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"		7"		43'		35 sacks			
4 3/4"		2 7/8"		1332'		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)

OIL WELL			
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

Glossary

247		Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
BACK PRESSURE	0	150 psi	1/2"

VI. CERTIFICATE OF COMPLIANCE

OIL CONSERVATION COMMISSION
MAR 26 1980
APPROVED _____, 19_____
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR 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.