

STATE	6
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
(11)

Form C-104  
Supersedes Old C-103 and C-104  
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

API 30-045-23388

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 DOME OLD TRADING POST	Well No. 3	Pool Name, including Formation BISTI-LOWER GALLUP	Kind of Lease State, Federal or Fee NAVAJO	Lease No. 14-20-603-2085
Location Unit Letter I ; 2310 Feet From The SOUTH Line and 330 Feet From The EAST Line of Section 9 Township 26N Range 14W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> PERMIAN CORPORATION	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
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 I	Sec. 9	Twp. 26N	Rge. 14W	Is gas actually connected? NO	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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 03/30/79	Date Compl. Ready to Prod. 05/05/79	Total Depth 5018'	P.B.T.D. 4967'					
Elevations (DF, Rkh, RT, GR, etc.) 6051 GR	Name of Producing Formation LOWER GALLUP	Top Oil/Gas Pay 4838'	Tubing Depth 4950'					
Perforations			Depth Casing Shoe 5018'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	8 5/8"	225'	190 sacks					
7 7/8"	4 1/2"	5018'	210 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 05/05/79	Date of Test 05/05/79	Producing Method (Flow, pump, gas lift, etc.) PUMPING	
Length of Test 24 HOURS	Tubing Pressure	Casing Pressure ---	Choke Size ---
Actual Prod. During Test 23	Oil - Bbls. 23	Water - Bbls. 0	Gas - MCF TSTM

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.

H.D. HOLLINGSWORTH (Signature)  
DRILLING FOREMAN  
(Title)  
June 5, 1979  
(Date)

OIL CONSERVATION COMMISSION

APPROVED \_\_\_\_\_, 19  
Original Signed by A. H. Kondrick  
BY \_\_\_\_\_  
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 11.  
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.