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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 30-045-23004

Operator DOMO PETROLEUM CORPORATION	
Address 501 Airport Drive, Suite 107, Farmington, NM 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 DOMO NAVAJO 12-26-13	Well No. 1	Pool Name, including Formation WAW FRUITLAND-PICTURED CLIFF	Kind of Lease State, Federal or Fee NAVAJO	Lease No. 7475
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>SOUTH</u> Line and <u>790</u> Feet From The <u>WEST</u> Line of Section <u>12</u> Township <u>26N</u> Range <u>13W</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)	
EL PASO NATURAL GAS COMPANY	P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? <u>NO</u> 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.
		X	X					
Date Spudded 12/26/79	Date Compl. Ready to Prod. 01/23/80	Total Depth 1363'	P.B.T.D. 1326'					
Elevations (DF, RKB, RT, GR, etc.) 6069 GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 1210'	Tubing Depth					
Perforations						Depth Casing Shoe 1354'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
8 3/4"	5 1/2"	101'	50 sacks (circulated)					
4 3/4"	2 7/8"	1354'	150 sacks (circulated)					

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 640	Length of Test 3 hours	Bbls. Condensate/MMCF 0	OIL CON. COM. DIST. 3
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 218 psi	Casing Pressure (Shut-in) 218 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 & PRODUCTION FOREMAN
(Title)

January 24, 1980
(Date)

OIL CONSERVATION COMMISSION
APPROVED FEB 21 1980, 19
BY Sam L. S. Cherry
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.