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U.S.G.S.]	
LAND OFFICE	<u> </u>			
IRA' PORTER	OIL		<u> </u>	
	GAS	1]	
OPERATOR				
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	SANTA FE / FILE / CONTROL OF FICE TRAY PORTER GAS / OPERATOR	REQUEST F	INSERVATION COMMISSION OR ALLOWABLE AND ASPORT OIL AND NATURAL (Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
1.	PRORATION OFFICE 3			AP1 30-045-23806			
	DOME PETROLEUM CORPORATION						
	501 Airport Drive, Reason(s) for filing (Check proper box) New Well KX Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Castrighead Gas Condens	Other (Please explain)				
	If change of ownership give name and address of previous owner						
11.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease NOO-C-14-2						
	_	mship 26N Range 13	W , NMPM, SAN C	JUAN County			
111.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GAS	S Address (Give address to which appro	eved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas EL PASO NATURAL GA If well produces oil or liquids, give location of tanks.	s co	Address (Give address to which appropriate P.O. Box 990, Farm) Is gas actually connected? NO	ington, NM 87401			
	If this production is commingled wit	h that from any other lease or pool, g					
IV.	Designate Type of Completic		New Well Workover Deepen	Plug Back Same Resty, Diff, Resty,			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	12/13/79 Elevations (DF, RAB, RT, GR, etc.)	01/11/80 Name of Froducing Formation	1284 Top Oil/Gas Pay	1252 Tubing Depth			
	6013 GR	PICTURED CLIFF	1152	Depth Casing Shoe			
			CEMENTING RECORD	SACKS CEMENT			
	HOLE SIZE	CASING & TUBING SIZE 5 1/2"	109'	35 sacks			
	4 3/4"	2 7/8"	1281'	175 sacks			
				land must be equal to or exceed top allow-			
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL ONE To Take 1 Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Cil Run To Tanks	Date of Test	Producing Mernod (F10W, Pamp, 201	.,,,			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Cil-Bbls.	Water - Bble.	Gas-MCF			
	GAS WELL		1.				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	1232 Testing Method (pitol, back pr.)	Tubing Presewe (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	BACK PRESSURE	205 PSI	205 PSI	3/4"			
VI. CERTIFICATE OF COMPLIANCE 1 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.			OIL CONSERVATION COMMISSION FEB 4 1980				
			By Original Signed by FRANK T. CHAVEZ				
			TITLE SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104.				
		DDUCTION FOREMAN	If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, and VI for changes of owner, well name or number, or transporter, or other such change of condition.				
	January (D	15, 1980					

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 filled for each pool in multiply completed wells.