| 1 | NO DE COPIES MELI | | | | |
|----|---------------------|-----|----------|---|--|
| | DISTRIBUTIO | 1 | | | |
| | SANTA FE FILE | | | | |
| | | | | | |
| | U.S.G.S. | | |] | |
| | LAND OFFICE | | | | |
| | TRANSPORTER | OIL | <u> </u> | | |
| | | GAS | | | |
| | OPERATOR | | | | |
| I. | PRORATION OFFICE | | | | |
| | Operator | | | | |
| | DOME PETROLEUM CORP | | | | |
| | | | | | |

| | DISTRIBUTION SANTA FE FILE | REGUEST I | CAMERVATION COMMISSION FOR ALLOWABLE AND | Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 | | |
|--|--|---|---|---|--|--|
| | LAND OFFICE TRANSPORTER OPERATOR OPERATOR | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL G | | | |
| I. | PRORATION OFFICE Operator | 1 | | | | |
| | DOME PETROLEUM CORP. Address 501 Airport Drive, Suite 107, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: | | | | | |
| | | | | | | |
| | Recompletion Change in Ownership | Cil Dry Gas Casinghead Gas Conden | | | | |
| | If change of ownership give name and address of previous owner | | | | | |
| II. | DESCRIPTION OF WELL AND I | Well No. Pool Name, Including Fo | | i | | |
| | Ross Federal 4-26-13 | 2 WAW Fruitland- | Pictured Cliff | NM11775 | | |
| | | | e and 1520 Feet From 1 | | | |
| | 23.00 | , 2011 | | | | |
| III. | DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil | CER OF OIL AND NATURAL GAS | Address (Give address to which approx | | | |
| | Name of Authorized Transporter of Cas | | Address (Give address to which appro- | į. | | |
| | El Paso Natural Gas Com If well produces cil or liquids, give location of tanks. | Dany Unit Sec. Twp. Ege. | P. O. Box 990, Farming | ton, New Mexico 87401 | | |
| IV. | If this production is commingled wit COMPLETION DATA | h that from any other lease or pool, (| give commingling order number: New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | |
| | Designate Type of Completio | n - (X) | X | P.B.T.D. | | |
| | Date Spudded 5/12/80 | Date Compl. Ready to Prod. 5/31/80 | Total Depth 1504 | 1456' | | |
| | Elevations (DF, RKB, RT, CR, etc., | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | |
| | 6223 GR | Pictured Cliff | 1342' | Depth Casing Shoe | | |
| | 1342'-1346', 1359'-1363' TUBING, CASING, AND CEMENTING RECORD | | | | | |
| HOLE SIZE CASING & TUBING SIZE DEPTH SET | | | | SACKS CEMENT | | |
| | 12¼" | 8 5/8" | 108' | 100 sacks | | |
| | 61/4" | 4½" | 1498' | 175 sacks | | |
| | | 2 3/8" | | | | |
| V. | | OR ALLOWABLE (Test must be af able for this de | fier recovery of total volume of load oil pth or be for full 24 hours) | and must be equal to or exceed top allow- | | |
| | OIL WELL Date First New Oil Bur. To Tanks Date of Test Producing Method (Flow, pump, cas lift, etc.) | | | | | |
| | Length of Test | Tubing Pressure | Casing Pressure | Choke Size | | |
| | Actual Prod. During Test | Oil-Bbls. | Water-Bble. | Gu Ler | | |
| | | | | 20 | | |
| | GAS WELL | | 5 w 1 | 3 | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bila. Condensate/MMCP | Gravity of Condensate | | |
| | 253 Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| | Back Pressure | 198 | 195 | 3" | | |
| VI. | CERTIFICATE OF COMPLIANO | oy certify that the rules and regulations of the Oil Conservation | | OIL CONSERVATION COMMISSION APPROVED JUN 3 1980 | | |
| | I hereby certify that the rules and a Commission have been complied wabove is true and complete to the | vith and that the information given | BY Original Signed by FRANK T. CHAVEZ | | | |
| | | | 111166 | | | |
| | - 2103 Colonigosus | | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | |
| | H. D. HOLLINGS ORTH Signa | itme) | well, this form must be accomps | If this is a request for allowable for a newly difficulty well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | |
| | Drilling & Production | | All sections of this form my | All sections of this form must be filled out completely for silow- | | |
| | 5/31/80 | | able on new and recompleted wells. | | | |
| | 5/31/80 (l). | ie) | Fill out only Sections 1, 11, 111, and well name or number, or transporter, or other such change of condition, 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. | | | |