

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-105
 Effective 1-1-65

API 30-045-23405

NO. OF COPIES RECEIVED	6
DATE RECEIVED	1
FILE NO.	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	3
PRODUCTION OFFICE	

Operator
DOMESTIC PETROLEUM CORPORATION

Address
501 Airport Drive, Suite 107, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name DOMESTIC FEDERAL 21-27-13	Well No. 1	Pool Name, including Formation WAW FRUITLAND-PICTURED CLIFF	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 10434
Location Unit Letter E ; 1460 Feet From The NORTH Line and 950 Feet From The WEST Line of Section 21 Township 27N Range 13W , NMPM, SAN JUAN County				

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 CO.	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: _____

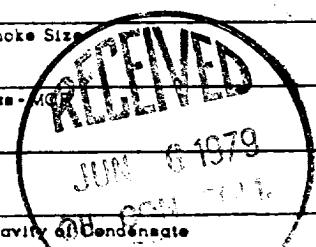
COMPLETION DATA

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 05/03/79	Date Compl. Ready to Prod. 05/30/79	Total Depth 1465		P.B.T.D. 1407				
Elevations (DF, RAB, RT, GR, etc.) 6027' GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 1304		Tubing Depth ---				
Perforations						Depth Casing Shoe 1439'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
8 3/4"	7"		42'		35 sacks			
5"	2 7/8"		1439'		175 sacks			

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 1128	Length of Test: 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pump, back pr.) BACK PRESSURE	Tubing Pressure (shut-in) 210 psi	Casing Pressure (shut-in) 210 psi	Choke Size 3/4"

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

OIL CONSERVATION COMMISSION

APPROVED JUN 19 1979, 19____
 BY Original Signed by A. R. Kendrick
SUPERVISOR DISTRICT # 3
 TITLE _____

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.