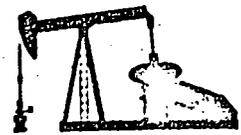




# OIL CONSERVATION COMMISSION

STATE OF NEW MEXICO  
P. O. BOX 2088 - SANTA FE  
87501



DIRECTOR  
JOE D. RAMEY

LAND COMMISSIONER  
PHIL R. LUCERO

STATE GEOLOGIST  
EMERY C. ARNOLD

May 27, 1977



Minerals Management Inc.  
Petroleum Center Building  
Suite 210  
501 Airport Drive  
Farmington, New Mexico 87401

Attention: Mr. W. E. Landry

Administrative Order TX- 53

Gentlemen:

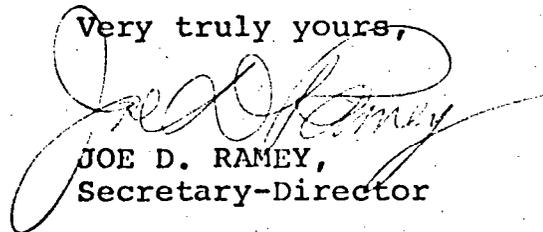
Reference is made to your request for an exception to the tubing setting requirements as contained in Commission Rule 107(d)(3) for certain Dome Petroleum Corporation wells in McKinley County, New Mexico.

Pursuant to the authority granted me by Rule 107(d)(4), you are hereby authorized to set tubing at 3,000 feet in the following well:

<u>LEASE NAME</u>	<u>WELL NO.</u>	<u>UNIT</u>	<u>S-T-R</u>
Federal 15	2	E	15-19N-5W

The Commission reserves the right to rescind this authority in the event that waste appears to be resulting therefrom.

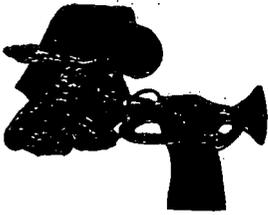
Very truly yours,



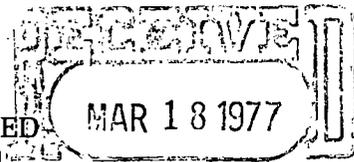
JOE D. RAMEY,  
Secretary-Director

JDR/DSN/dr  
cc: Oil Conservation Commission - Aztec

PVZV2004336315



MINERALS MANAGEMENT, INCORPORATED  
A Division of SCIENTIFIC SOFTWARE CORPORATION



NEW MEXICO OIL CONSERVATION COMM.  
Santa Fe

March 17, 1977

Mr. Joe D. Ramey  
New Mexico Oil Conservation Commission  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Dear Sir:

Administrative exception is requested to Rule 107, subparagraph (3) (d), for Dome Petroleum Corporation's Federal 15 Well No. 2 located in Unit E of Section 15, Township 19 North, Range 5 West, McKinley County, New Mexico, to set tubing perforations at approximately 3000' with top of the pay at 5184'.

The well is completed in the Entrada formation with production as outlined in the attached C-104. The characteristic high working fluid level at wells completed in the formation precludes the need to place the tubing farther down hole.

Continued confidential treatment of the well data is appreciated.

Yours very truly,

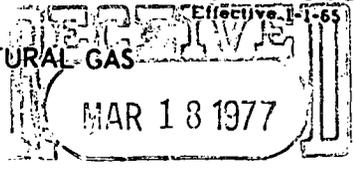
J. Arnold Snell  
Area Manager

WEL/dd

Attachment

**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



NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**I. OPERATOR**  
 Operator: Dome Petroelum Corporation  
 Address: Minerals Management Inc., Suite 105, 501 Airport Drive, 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 \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <u>Federal 15</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Undesignated Entrada</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM4953</u>
Location Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>15</u> Township <u>19N</u> Range <u>5W</u> , NMPM, <u>McKinley</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"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1701, Farmington, N.M. 87401</u>
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 <u>F</u> Sec. <u>15</u> Twp. <u>19N</u> Rge. <u>5W</u> Is gas actually connected? <u>---</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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded <u>2-15-77</u>	Date Compl. Ready to Prod. <u>3-15-77</u>	Total Depth <u>5428'</u>	P.B.T.D. <u>5370'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>6604'GR, 6617'KB</u>	Name of Producing Formation <u>Entrada</u>	Oil/Gas Pay <u>5184'</u>	Tubing Depth <u>3030'</u>					
Perforations <u>5184'-5192'</u>	Depth Casing Shoe <u>5426'</u>							
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
<u>15"</u>	<u>10 3/4"-32.75#</u>	<u>203'</u>	<u>200 sx</u>					
<u>8 3/4"</u>	<u>7" -23#</u>	<u>5426'</u>	<u>683 sx (2-stage)</u>					
<u>---</u>	<u>2 7/8"</u>	<u>3030'</u>	<u>---</u>					

**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 <u>3-15-77</u>	Date of Test <u>3-16-77</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flow</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>45</u>	Casing Pressure <u>45</u>	Choke Size <u>---</u>
Actual Prod. During Test <u>276</u>	Oil - Bbls. <u>276</u>	Water - Bbls. <u>0</u>	Gas - MCF <u>TSTM</u>

**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.

Arnold Sell  
 Manager (Signature)  
Minerals Management Inc.  
 (Title)  
1977  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_

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.