



# 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-55

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:

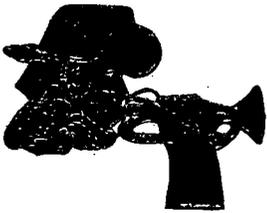
<u>LEASE NAME</u>	<u>WELL NO.</u>	<u>UNIT</u>	<u>S-T-R</u>
Navajo Allotted 15	3	K	15-19N-5W

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

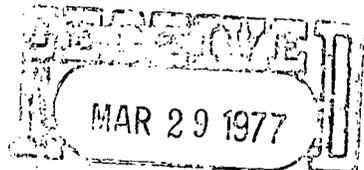
Very truly yours,  
  
JOE D. RAMEY,  
Secretary-Director

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

PV2V2004336964



MINERALS MANAGEMENT INCORPORATED  
A Division of SCIENTIFIC SOFTWARE CORPORATION



NEW MEXICO OIL  
CONSERVATION COMM.  
Santa Fe

March 28, 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 Navajo Allotted 15 Well No. 3 located in Unit K of Section 15, Township 19 North, Range 8 West, McKinley County, New Mexico, to set tubing perforations at approximately 3000' with top of the pay at 5142'.

5//  
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,

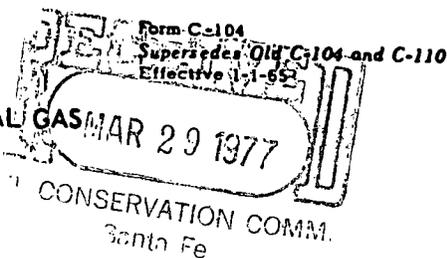
  
W. E. Landry  
Area Manager

WEL/dd

Attachment

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**



**I. OPERATOR**  
 Operator: **Dome Petroleum 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 <b>Navajo Allotted 15</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Papers Wash Entrada</b>	Kind of Lease <b>Navajo</b>	Lease No. <b>Allotted N00-C-</b>
Location Unit Letter <b>K</b> ; <b>2310</b> Feet From The <b>South</b> Line and <b>2000</b> Feet From The <b>West</b>			<b>14-20-5377</b>	
Line of Section <b>15</b>	Township <b>19N</b>	Range <b>5W</b>	<b>NMPM, McKinley</b> County	

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Permian Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 1183, Houston, Texas 77001</b>
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   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>K   15   19N   5W   No</b>

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded <b>2-28-77</b>	Date Compl. Ready to Prod. <b>3-26-77</b>	Total Depth <b>5343'</b>	P.B.T.D. <b>5295'</b>				
Elevations (DF, RKB, RT, GR, etc.) <b>6562' GR, 6574' KB</b>	Name of Producing Formation <b>Entrada</b>	Top Oil/Gas Pay <b>5142'</b>	Tubing Depth <b>3004'</b>				
Perforations <b>5142'-5148'</b>	Depth Casing Shoe <b>5342'</b>						
<b>TUBING, CASING, AND CEMENTING RECORD</b>							
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	SACKS CEMENT			
<b>15"</b>	<b>10 3/4" 40.5#</b>		<b>204'</b>	<b>200</b>			
<b>8 3/4"</b>	<b>7" 23 #</b>		<b>5342'</b>	<b>900 (2 stages)</b>			
	<b>2 7/8" 6.5#</b>		<b>3004'</b>	<b>---</b>			

**CONFIDENTIAL**

**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 <b>3-27-77</b>	Date of Test <b>3-28-77</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hours</b>	Tubing Pressure <b>---</b>	Casing Pressure <b>---</b>	Choke Size <b>---</b>
Actual Prod. During Test <b>380 bbl.</b>	Oil-Bbls. <b>380</b>	Water-Bbls. <b>---</b>	Gas-MCF <b>TSTM</b>

**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.

Area Manager (Signature)  
 Minerals Management Inc.  
 (Title)  
 March 28, 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.