NO. OF CUPIES RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	GAS		
OPERATOR		2	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

FILE		AND	Fuective I-1-92
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND	NATURAL GAS A N
LAND OFFICE			W/V
TRANSPORTER OIL			٢, ١ -
GAS			(0
OPERATOR 2	†		
PROPATION OFFICE			
Operator	1 1		
1 '	rnoration		
Dome Petroleum Co		7.05	
	nagement Inc., Suite		
	e, Farmington, New Mex		
Reason(s) for filing (Check prope	box)	Other (Pleas	e explain)
New Well	Change in Transporter of:		
Recompletion	Oil Dry G	as	
Change in Ownership	Casinghead Gas Conde	ensate	
If change of ownership give na-			
and address of previous owner			
II. DESCRIPTION OF WELL A	ND LEASE Well No. Pool Name, Including	Congress	Kind of Lease I age No
Lease Name		•	
Santa Fe-Leggs	l Wildcat - Er	ntrada	State, Federal or Fee Fee
Location			
Unit Letter O ;	990 Feet From The South Li	2310	Feet From The East
Onit Letter;	Feet Floid The	ile dild	reet rion the
Line of Section 11	Township 21N Range	10W , NMPA	, San Juan County
Line of Section II	Township 2114 Range	, NMPA	A, Sall Juan County
		• •	
	ORTER OF OIL AND NATURAL G.		to which approved copy of this form is to be sent)
Name of Authorized Transporter of		1	
Permian Corporati		P.O. Box 118	3, Houston, Texas 77001
Name of Authorized Transporter of	f Casinghead Gas or Dry Gas	Address (Give address	to which approved copy of this form is to be sent)
		1	
	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When
If well produces oil or liquids, give location of tanks.	1 ' 1 '		1
give location of talks.	O 11 21N 10W	No No	1
If this production is commingle	d with that from any other lease or pool,	give commingling orde	r number:
V. COMPLETION DATA			
Desired Tues of Come	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v. Diff. Res
Designate Type of Comp	letion = (X) X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
7-16-77	8-13-77	5644'	5588'
Elevations (DF, RKB, RT, GR, et		Top Oil/Gas Pay	Tubing Depth
	· /	· · · - · ·	
6359' GR, 6371' H	KB Entrada	5404'	3046'
Perforations			Depth Casing Shoe
5404'-5412'			5630'
	TUBING, CASING, AN	D CEMENTING RECOR	RD
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET SACKS CEMENT
13 1/4	9 5/8", 36#	209	200
8 3/4	7", 20&23#	5630	960 (2 stage)
0 3/ 4	3 1/4", 9.3#	3030	
	3 1/4 , 9.3#		
V. TEST DATA AND REQUES			ime of load oil and must be equal to or exceed top allo
OIL WELL	able for this d	epth or be for full 24 hour.	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flot	v, pump, gas lift, etc.)
8-13-77	8-15-77 - 8-16-77	Pumpin	a /
Length of Test	Tubing Pressure	Casing Pressure	Chore Size
	-		A 527
18 hrs. Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Ga - MCF
			TSTM (I)M.
199 Bbl.	176	23	TSTM T
			Compage 3
GAS WELL		·	
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F Gravity of Condensate
	CONICIO	FNTIAL	
Testing Method (pitot, back pr.)	Tubing Pressure (Sharks)	Casing Pressure (Shut	-in) Choke Size
		_	
		1	CONCERNATION COMMISSION
I. CERTIFICATE OF COMPLI	ANCE	II OIL	CONSERVATION COMMISSION
			AUG 25 2077
I hereby certify that the rules a	and regulations of the Oil Conservation	APPROVED	, 19 Tandnick
Commission have been compli-	ed with and that the information given	Original	Signed by A. R. Kendrick
above is true and complete to	the best of my knowledge and belief.	BY	
		TITLESWEET	TSUR - DEL PI
		11	
2 .		This form is to	be filed in compliance with RULE 1104.
Waterdalle.	· · · · · · · · · · · · · · · · · · ·	If this is a req	uest for allowable for a newly drilled or deepen
Area Manager	well, this form must be accompanied by a tabulation of the deviation (esta taken on the well in accordance with RULE 111.		
Minerals Manageme		tests taken on the	WELL IN SUCCESSION WALL RULE 1111
TITTOTALD TIATIAGENIC	(Title)	All sections of able on new and re	this form must be filled out completely for allo
8-17-77	1	apre on new and re	Sections I. II. III, and VI for changes of own
0-11-11		n Fill out Only	Sections I' II' III' and Al ior cususes or own
	(D)	well name or numbe	r, or transporter, or other such change of condition
	(Date)	well name or number	r, or transporter, or other such change of condition
	(Date)	well name or number	r, or transporter, or other such change of conditions C-104 must be filed for each pool in multip