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SANTA FE		1			
FILE		1-,			
U.S.G.S.					
LAND OFFICE	1				
TRANSPORTER	OIL	主			
	GAS	7			
OPEHATOR		3			
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	SANTA FE / FILE / U.S.G.S.	REQUEST	FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-11 Elfoctive 1-1-65		
	LAND OFFICE IRANSPORTER OIL \$\frac{1}{2}\$ GAS /	- AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL,	AP1 30-045-23807		
1.	PROPATION OFFICE	_				
	Operator DOME PETROLEUM CORE	PORATION				
	Address					
	501 Airport Drive, Suite 107, Farmington, New Mexico 87401 [cason(s) for filing (Check proper box) Other (Please explain)					
	Recompletion Change in Ownership	Change in Transporter of: Cil Dry G Casinghead Gas Conde	Gas Ciersate C			
	If change of ownership give name and address of previous owner			-		
11.	DESCRIPTION OF WELL AND LEASE. Lease Name Well No. Pool Plame, including Formation Kind of Lease NO. NOO-C-14-					
	DOME NAVAJO 13-26-1	3 1 WAW FRUITLAND)-PICTURED CLIFF State, Feder	ol or Fee NAVAJO NOO-C-14- 20-7479		
	Unit Letter I : 1520	Feet From The SOUTH Li	ine and 1120 Feet From	The EAST		
	Line of Section 13 To	ownship 26N Range 13	W , NMPM, SAN JUF	N County		
111.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G. or Condensate	AS Andress (Give address to which appro	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
	EL PASO NATURAL GAS If well produces oil or liquids, give location of tanks.	COMPANY Unit Sec. Twp. Rge.	Box 990, Farmington, NN Is gas actually connected? WY NO	1 87401 Den		
IV.	If this production is commingled we COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:			
	Designate Type of Completi	on – (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	11/19/79 Elevations (DF, RKB, RT, GR, etc.,	12/11/79 Name of Producing Formation	1246 ' Top Oil/Gas Pay	Tubing Depth		
	5937 GR	PICTURED CLIFF	1154'	Depth Casing Shoe		
	1235'					
	HOLE SIZE	TUBING, CASING, AN	D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	8 3/4"	5 1/2"	108'	35 sacks		
	4 3/4"	2 7/8"	1235'	150 sacks		
	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable.)					
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ft, etc.)		
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	CAC WELL		!			
[GAS WELL Actual Prod. Teet-MCF/D	Length of Teet	Bbls. Condensate/MMCF	Gravity of Condensate		
	972 Testing Method (pitor, back pr.)	3 hours Tubing Pressure(shut-in)	Cosing Pressure (Shut-in)	Choke Size		
	BACK_PRESSURE	210 PSI	210 PSI	3/4"		
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION OF 1979		ATION COMMISSION				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		By Original Signed by CHA	Original Signed by CHARLES GHOLSON		
			TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3			
•	n.D. HOLLINGSWOKIII	ature)	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.			
•	(Ti December 1		able on new and recompleted w	ist be filled out completely for allowalis. I. III, and VI for changes of owner, ter, or other such change of condition.		
	(Di	ute)	Men name of number, of transpor			

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