NO DESCRIPTION (/
		CORN DAVIDA COMPRIOR	Form C-104
TILE	RECOULST	TOR AULOMABLE AND	Supersedes Old C-104 and C-1. Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL (CAD
LAND OFFICE			
TRAL PORTER GIL			
OPERATOR 3			API 30-045-23188
PRORATION OFFICE			
Operator	ODAMION		
DOME PETROLEUM CORP	ORATION		
501 Airport Drive,	Suite 107, Farmington, Ne	ew Mexico 87401	
Reason(s) for filing (Check proper b		Other (Please explain)	
New Well X	Change in Transporter of: Cil Dry G		
Change in Ownership	CII Dry G Casinghead Gas Conde	77	
If change of ownership give name and address of previous owner			
. Decomposition was a series			
I. DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	ormation Kind of Leas	e Lease No.
FEDERAL 18	1 WAW FRUITLAND-	-PICTURED CLIFF State, Federa	or Fee FEDERAL NM 8409
Location	F.O	202	
Unit Letter I ; 14	Feet From The SOUTH Lin	ne and 990 Feet From '	The EAST
Line of Section 18	Township 27N Range 13	BW , NMPM, SAN J	JUAN County
Name of Authorized Transporter of	RTER OF OIL AND NATURAL GA	AS Address (Give address to which appro-	ved copy of this form is to be seed
Active of Mathorized Transporter 61 (or consensate		ces copy of this form is to be sent)
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address to which approx	ved copy of this form is to be sent)
EL PASO NATURAL GAS		Box 990, Farmington, Ne	
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en
give location of tanks.		NO	
If this production is commingled to COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complet	ion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	X !	P.B.T.D.
09/07/78	09/15/78	1500	1465
Elevations (DF, RKB, RT, CR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
6049 GR	PICTURED CLIFF	1329	Depth Casing Shoe
Perforations 1329'-1335', 1341'-	1345'		1496'
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7"	37.5'	30 sacks
4 3/4"	2 7/8"	1496'	150 sacks
		<u> </u>	
. TEST DATA AND REQUEST		fier recovery of total volume of load oil (pth or be for full 24 hours)	and must be equal to or exceed top allow-
OIL WELL Date First New Cil Bun To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	(t, etc.)
Length of Test	Tubing Press_e	Casing Pressure	Choye Size
Actual Pred, During Test	CH-Ru.	Water-Bbis.	Gal·NCF
, section to the marking twee	3	· · - · -	10/2 COM.
<u> </u>		<u></u>	OIL DIST. 3
GAS WELL	I snoth of To-	Rhia Condenses 04/05	Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity or Canadanadia
Testing Method (pitot, back pr.)	3 HOURS Tubing Pressue (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
BACK PRESSURE	224 psi	224 psi	3/4"
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVA	TION COMMISSION
and the second second		APPROVED JUN 19	1979
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		Original Signed by A. R. Kendrick	
shove is true and complete to the	he best of my knowledge and belief.	D1	
		TITLE SUPERVISOR DISTRICT	# °
		This form is to be filed in c	
- I'll stell south		If this is a request for allow well, this form must be accompar	able for a newly drilled or deepened nied by a tabulation of the deviation
H.D. HOLLINGSWORTH and two) DRILLING FOREMAN		tests taken on the well in accordance with RULE 111.	
(1)	ille)	All sections of this form mustable on new and recompleted we	st be filled out completely for allow- lis.
June 5, 1979		Fill out only Sections ! II.	. III, and VI for changes of owner, er, or other such change of condition.
	lute)		be filed for each pool in multiply
		completed wells.	-