

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-105
Effective 1-1-65

LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NAME DOME PETROLEUM CORP.	
ADDRESS 500 Airport Drive, Suite 114, Farmington, New Mexico 87401	
Reasons for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter oil ☐
Reopened Well ☐	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 Dome Federal 6-27-12	Well No. 1	Pool Name, including Formation WAM Fruitland-Pictured Cliff	Kind of Lease State, Federal or Fee Federal	Lease No. 1
Location Unit Letter <u>N</u> ; <u>790</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>8</u> Township <u>27N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.	P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp. Rge.
		Is gas actually connected? 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	Gas well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
			X	X					
Date Spudded 8/20/80	Date Compl. Ready to Prod. 8/6/80	Total Depth 1508'		P.B.T.D. 1492'					
Elevations (OF, FAS, AT, GR, etc.) 6021' GR	Name of Producing Formation Pictured Cliff	Top Oil/Gas Pay 1330'		Tubing Depth 1331'					
Perforations 1331'-1337'				Depth Casing Shoe 1502'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		8 5/8"		105'		100 sacks			
6 1/2"		4 1/2"		1502'		250 sacks			

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 212	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate -
Testing Method (prior, back pr.) Back Pressure	Tubing Pressure (Shut-in) 225 psi	Casing Pressure (Shut-in) 225 psi	Choke Size 3/4"

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.

H. D. Hollingsworth
H. D. HOLLINGSWORTH (Signature)
Prod. & Prod. Foreman
(Title)

(Title)

OIL CONSERVATION COMMISSION
APPROVED SEP 15 1980, 19____
BY Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
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.