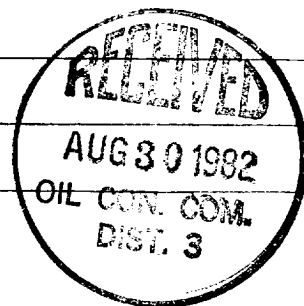


NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		



Operator DOMO PETROLEUM CORP.

Address 3600 Southside River Rd., Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Dome Federal 17-27-13</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>WAW Pictured Cliff</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM9787</u>
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Unit letter E; 1460 Feet From The North Line and 870 Feet From The West

Line of Section 17 Township 27N Range 13W, NMPM, San Juan County

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. Pge. Is gas actually connected? When  
No

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Re-
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>4/28/79</u>	Date Compl. Ready to Prod. <u>5/30/79</u>	Total Depth <u>1506'</u>	P.B.T.D. <u>1465'</u>					
Elevations (DF, R&B, RT, CR, etc.) <u>6038' GR</u>	Name of Producing Formation <u>Pictured Cliff</u>	Top Oil/Gas Pay <u>1339'</u>	Tubing Depth					
Perforations <u>1341'-1347'</u>			Depth Casing Shoe <u>1495'</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>8 3/4"</u>	<u>7"</u>	<u>41'</u>	<u>35 sx.-Circulated</u>
<u>5"</u>	<u>2 7/8"</u>	<u>1495'</u>	<u>175 sx.-Circulated</u>

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 of hole 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-MCF

GAS WELL

Actual Prod. Test-MCF/D <u>1122</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF <u>0</u>	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>-----</u>	Casing Pressure (Shut-in) <u>240 psi</u>	Choke Size <u>3/4"</u>

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.

D. Hollingsworth (Signature)  
Area Production Supt.  
(Title)

August 27, 1982  
(Date)

OIL CONSERVATION COMMISSION

APPROVED AUG 30 1982, 19  
BY Original Signed by FRANK T. CHAVEZ  
TITLE SUPERVISOR DISTRICT # 3

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 device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filled for each pool in multi-completed wells.