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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

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-110  
Effective 1-1-65

Ap1 30-045-23403

Operator DOME PETROLEUM CORPORATION	
Address 501 Airport Drive, Suite 107, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change In Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change In Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name DOME FEDERAL 17-27-13	Well No. 3	Pool Name, including Formation WAW FRUITLAND-PICTURED CLIFF	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM 9523
Location Unit Letter O ; 790 Feet From The SOUTH Line and 1560 Feet From The EAST Line of Section 17 Township 27N Range 13W , NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS CO.	Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					NO	

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'v.	Diff. Res'v.
			X	X					
Date Spudded 04/23/79	Date Compl. Ready to Prod. 05/30/79	Total Depth 1505		P.B.T.D. 1474					
Elevations (DF, RAB, RT, GR, etc.) 6023 GR	Name of Producing Formation PICTURED CLIFF	Top Oil/Gas Pay 1310'		Tubing Depth ---					
Perforations		Depth Casing Shoe 1502'							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
9 7/8"	7"		42'		35 sacks				
5"	2 7/8"		1502'		165 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 - MCF

GAS WELL

Actual Prod. Test-MCF/D 2257	Length of Test 3 hours	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) BACK PRESSURE	Tubing Pressure (Shut-in) 232 psi	Casing Pressure (Shut-in) 232 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  
DRILLING FOREMAN  
June 5, 1979

OIL CONSERVATION COMMISSION

APPROVED JUN 19 1979  
Original Signed by A. R. Kendrick  
SUPERVISOR DISTRICT 73

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.