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	NO. OF COPIES RECEIVED	<b>c</b> /	/ / / Gas
	DISTRIBUTION		
	SANTA FE	1	
	FILE	7	-
	U.S.G.S.	7	
	LAND OFFICE		
	TRANSPORTER -		
	G A S	/	<u> </u>
	OPERATOR		
1.	PRORATION OFFICE		
	Operator		
	Dyna Ray Oil	&	Gas
	Address		
	4101 E. Louis		
	Reason(s) for filing (Check p	rope	r box)
	New Well		
	Recompletion		
	Change in Ownership		

DISTRIBUTION	<del></del>				
SANTA FE	4	CONSERVATION COMMISSION	Form C-104		
FILE	REQUES	T FOR ALLOWABLE	Supersedes Old C-104 and C-1. Effective 1-1-65		
U.S.G.S.	AUTHODIZATION TO TE	AND			
LAND OFFICE	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL (	GAS		
OIL			E DE PO		
TRANSPORTER GAS	7				
OPERATOR	,				
PRORATION OFFICE	<del>-    </del>				
Operator			DEC so		
Dyna Ray Oil	& Gas Co., Inc.				
Address			COL CON COR /		
4101 E. Louis	iana Ave., Denwer, Color	rado 80222			
Reason(s) for filing (Check pro	per box)	Other (Please explain)	· · · · · ·		
New Well	Change in Transporter of:				
Recompletion	Oil Dry G	Fi i			
Change in Ownership	Casinghead Gas Cond	ensate			
If change of ownership give	name				
and address of previous own	er <u>Irving Pasternak, (</u>	dba Shar-Alan Oil Co.			
		Ave., Denver, Colorad	do <b>80</b> 222		
II. DESCRIPTION OF WELL	Well No. Pool Name, Including	Formation   Kind of Leas	e Legse No.		
			, 2000		
Jicarilla "D"	156 2 So.Blanco P	ictured Cliffs STATE	(736		
J	1787 South	1590	Kast		
Unit Letter;	Feet From TheLi	ine andFeet From	The		
Line of Section 11	Township 23N Range	2W , NMPM, Rio Ar	riba County		
Line of Section ——	rownst.tp runge	, INNEM,	County		
II. DESIGNATION OF TRAN	SPORTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporte		Address (Give address to which appro	ved copy of this form is to be sent)		
i I					
Name of Authorized Transporte		Address (Give address to which appro	ved copy of this form is to be sent)		
El Paso Natura	al Gas Co.,	El Paso, Texas	Dex 1492		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Wh			
give location of tanks.	1 1 1	Yes	October 1963		
If this production is comming	gled with that from any other lease or pool	. give commingling order number:			
V. COMPLETION DATA					
D : . T (C	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v		
Designate Type of Cor	npletion - (A)				
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR,	, etc.; Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing Shoe		
		ID CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			<u> </u>		
		<u> </u>	<u> </u>		
V. TEST DATA AND REQUI	EST FOR ALLOWABLE (Test must be able for this c	after recovery of total volume of load oil lepth or be for full 24 hours)	and must be equal to or exceed top allow		
OIL WELL Date First New Oil Run To Ta		Producing Method (Flow, pump, gas li	ft, etc.)		
Data , Mar 1784 On Mun 10 10	Transmit interior (r som) bankli San silel seet)		FOUN		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		1	/ Vrolia[]		
Actual Prod. During Test	Oil - Bbls.	Water-Bbls.	Gas-MCF		
			DEC 4 1968		
1		<u></u>			
GAS WELL			CIE CON. COM.		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate ST. 3		
Testing Method (pitot, back pr.	.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
		•			
AL CERTIFICATE OF COMP	DIANCE	OH CONSERVA	TION COMMISSION		
VI. CERTIFICATE OF COMP	LIANCE	OIL CONSERVATION COMMISSION			
I hereby certify that the rules and regulations of the Oil Conservation		APPROVED			
I hereby certify that the rule Commission have been com-	es and regulations of the Oil Conservation plied with and that the information given	l Cinned her I	By Original Signed by Emery C. Arnold		
above is true and complete	to the best of my knowledge and belief.	By Original Signed by	Linery C. 22		
			UPERVISOR DIST. #1		
		TITLE			
10//		This form is to be filed in compliance with RULE 1104.			
	- an	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.			
1//	(Signature)				
Y			All sections of this form must be filled out completely for allow-		
• •	(Tiela)	11	**		

able on new and recompleted wells.

Fill out only Sections I, II, 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.



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