		·		
	NO. OF COPIES RECI	4		
	DISTRIBUTIO	ON		·
	SANTA FE	1		
	FILE		1	-
	U.S.G.S.			
	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS	/	
	OPERATOR		1	
1.	PRORATION OFFICE			
	Operator		·	

NEW MEXICO OIL CONSERVATION COMMISSION

	*
Form C 104	1
Supersedes Old C- Effective 1-1-65	104 and C-110
CEC :)
OIL CON.	SOM /
DIST	3
	and the same

	SANTA FE	REQUEST F	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65			
}	U.S.G.S.	AUTHORIZATION TO TRAI	AND HORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	LAND OFFICE	AUTHORIZATION TO TRAI	HO OK I OIL AND HATURAL UP				
	TRANSPORTER OIL GAS /			OIL CON. FOM.			
-	OPERATOR /			DIST. 3			
1.	PRORATION OFFICE						
	Operator DATE OF C	110 00 7110					
-	DYNA RAY DIL & GAS CO., INC.						
	4101 E Louisianna Ave., Denver, Colorado 80222						
	Reason(s) for filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)				
	Recompletion	Oil Dry Gas					
	Change in Ownership	Casinghead Gas Condens	sate				
1	If change of ownership give name	an-Alan Ail da - 416)] F Louisianna, Denv	ver Colo 80222			
	and address of previous owner SD	ar-Alan Ull Co., 410	<u>, r Louisianna, Benv</u>	er, 6010. 80222			
II.	DESCRIPTION OF WELL AND I	ESCRIPTION OF WELL AND LEASE. ease Name Well No. Pool Name, Including Formation Kind of Lease Lease Lease					
	Morelock	2 S Blanco PC	State, Federal				
	Location	gt	1650	East			
	Unit Letter J ; 1650	Feet From The South Line	e and Feet From Th	ne Mast			
	Line of Section 7 Tow	nship 23N Range 1W	, NMPM, Rio Ar	riba County			
		TER OF OUR AND STATE OF					
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	S Address (Give address to which approve	d 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		Box 990 Farmington	New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Yes wher	•			
	If this production is commingled wit	h that from any other lease or pool,	i	-			
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty, Dir. Resty.			
	Designate Type of Completio		1				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Perforations	Perforations		Depth Casing Shoe			
		TUBING, CASING, AND	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	,			1 1 11			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	fter recovery of total volume of load oil a pth 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 Siz			
	-			G NG- BEA			
	Actual Prod, During Test	Oil-Bbls.	Water - Bbls.	Gas-MOF DEC 4 1968			
		L	<u> </u>	OIL CON. COM.			
	GAS WELL		TRUE CONTRACTOR	DIST 3			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condes ate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	t handy partity that theter and	egulations of the Oil Conservation	APPROVED DEC 3 0 1968 Original Signed by Emery C. Arnold				
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.			Original Signed by Emery C. Arnold SUPERVISOR DIST. #3				
	manual and and anished to me		TITLE	SUPERVISOR DISE, 新3			
	10/	7	This form is to be filed in c				
	+14		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				
	Sign	acute)	well, this form must be accompartests taken on the well in accord	ied by a tabulation of the deviation			
V /				At anothers of this form must be filled out completely for allow-			

(Title) November 30 1968 (Date)

All sections of this form must be able 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.