	NO. OF COPIES RECEIVED]		
Į	DISTRIBUTION	NEW MEXICO OIL (CONSERVATION COMMISSION	Form C-104
	SANTA FE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-11 Effective 1-1-65
}	FILE /	f <u>.</u>	AND	
}	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURA	L GAS
	TRANSPORTER GAS /			-77
}	OPERATOR /	-		VEN
I.	PRORATION OFFICE Operator			
	Dyna Ray Oil & Ga	is Co., Inc.		DEG 3 9 1958
		Ave., Denver, Colo	rad o 8 022 2	OIL CON. COM.
ł	Reason(s) for filing (Check proper box,)	Other (Please explain)	DIST. 3
	New Well	Change in Transporter of:		
Í	Recompletion	Oil Dry Go	ıs 🔲	
Į	Change in Ownership	Casinghead Gas Conde	nsate	
;	If change of ownership give name and address of previous owner	Irving Pasternak, 4101 E. Louisiana LEASE	Ave., Denver, Color	rado
ĺ	Lease Name	Well No. Pool Name, Including F	ormation Kind of L Pictured Clif Figure, 77	
	Jicarilla "D" 156 Location	4 So. Blanco	PICCUIFU CITIFS	0/36
	Unit Letter D ; 790	Feet From TheNorthLir	790 re and Feet Fr	West
	Line of Section 11 Tow	wnship 23N Range	2W , NMPM, Rio	Arriba County
III.	Name of Authorized Transporter of Oil	rer of oil and natural GA	Address (Give address to which ap	proved copy of this form is to be sent)
	Rane of Admortzed Transporter of Or			
	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 (El Paso, Texas	Box 1482
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When Sept Narch 1963
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:	
	Designate Type of Completic	on - (X)	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Í	Date Spudded	Date Compi. Reday to Frod.	Total Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Elevations (DP, RRB, RT, GR, etc.)			
	Perforations			Depth Casing Shoe
		TUBING, CASING, AN	D CEMENTING RECORD	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			ļ	
l			_i	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be c	after recovery of total volume of load	oil and must be equal to or textures rap allow-
	OIL WELL	able for this d	epth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, ga	
ĺ		1		<i>!</i>
		Tubia December	Casing Pressure	Choke Size ***
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size 350: 4 1968
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbls.	Casing Pressure Water-Bbls.	Gas-MCFOIL CON. COM.
	Actual Prod. During Test			Gas-MCFOIL CON. COM.
				Gas-MCFOIL CON. COM.

Casing Pressure (Shut-in)

APPROVED.

Tubing Pressure (Shut-in)

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.

(Stepasore)

(Title)

30

Testing Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

Choke Size

DEC 3 fg 1968

SUPERVISOR DIST. #3

OIL CONSERVATION COMMISSION

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.

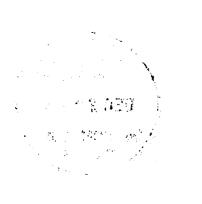
All sections of this form must be filled out completely for allowable on new and recompleted wells.

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.

Original Signed by Emery C. Arnold

This form is to be filed in compliance with RULE



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