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DISTRIBUTION			
SANTA FE		1	
FILE		/	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
THANS! ONTER	GAS	/	
OPERATOR		1	
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE	1	REQUEST	FOR ALLOWABLE	Supersedes Old Celos and C-11
FILE	11-		AND	Medial 4s LU
U.S.G.S.		AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	DEC 3 0 1968
TRANSPORTER -	DIL			DEC 30 1900
	GAS /			OIL CON. COM.
OPERATOR				DIST. 3
I. PRORATION OFFIC	E			
Dyna	Rav Oil	& Gas Co., Inc.		
Address				
4101	E. Louis	iana Ave., Denver,		
Reason(s) for filing (Ci	ieck proper box)	Change in Transporter of:	Other (Please explain)	
Recompletion	า์	Oil Dry Go	as T	
Change in Ownership	آج	Casinghead Gas Conde	nsate 🔲	
If change of ownershi				
and address of previo		Irving Pasternak	t, dba Shar-Alan Oil a Ave., Denver, Col	lorado 80222
II DESCRIPTION OF	WELL AND I		la rve., benver, co.	iorado ocaza
II. DESCRIPTION OF	WELL AND L	Well No. Pool Name, Including F	Formation Kind of Le	dse Lease No.
Jicas	illa "C"	56 2 So.Blanco Pi	ctured Cliffsmmx Federal	eral order 1.156
Location			3050	70
Unit Letter	<u>790</u>	Feet From The South Lir	ne and 1850 Feet From	m The East:
Line of Section	Town	ship 23N Range 2	W , NMPM, Rio A	Arriba County
Line of Section	10	amp 2011 Hunge	, Morror,	County
		ER OF OIL AND NATURAL GA		
Name of Authorized Tr	msporter of Oil [	or Condensate	Address (Give address to which app	proved copy of this form is to be sent)
Name of Authorized Tro	insporter of Casir	nghead Gas or Dry Gas 🔼	Address (Give address to which app	roved copy of this form is to be sent)
	•	al Gas Co.	Pl Dage Toron	י
If well produces oil or	liquids,	Unit Sec. Twp. Rge.		2. 1492 When
give location of tanks.			Yes	
		that from any other lease or pool,	give commingling order number:	
IV. COMPLETION DAT	<u>'A</u>	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v.
Designate Type	of Completion	- (X)		
Date Spudded	1	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, I	(T, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations				Depth Casing Shoe
			D CEMENTING RECORD	
HOLE SI	ZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND I	REQUEST FOR	RALLOWABLE (Test must be a	fter recovery of total volume of load o	il and must be equal to or exceed top allow-
OIL WELL Date First New Oil Rur	To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)
Date : 1101 1101 011 1101				
Length of Test		Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Te	st (	Oil-Bbls.	Water - Bbls.	Gas - MCF
<u> </u>				7053 4 1250
GAS WELL				
Actual Prod. Test-MC	-/D 1	Length of Test	Bbls. Condensate/MMCF	Gravity of Cottonegoon, COM.
				DIST 3
Testing Method (pitot,	back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
			OII CONSERV	/ATION COMMISSION
VI. CERTIFICATE OF	COMPLIANCI	<u>r.</u>		arc an 1968
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.		APPROVED DEU 3 U		
		BYOriginal Signed by Freev C. Arnold  SUPERVISOR DIST. #3		
above is true and co	mplete to the b	nest of my knowledge and belief.	01	SUPERVISOR DIST. #S
			TITLE	
<i>'</i> .	1-7/		This form is to be filed in	n compliance with RULE 1104.
	1 / Lay		If this is a request for all	owable for a newly drilled or deepened panied by a tabulation of the deviation
4 -	/ (Signan	ire)	well, this form must be accomp	panied by a tabulation of the deviation

## VI.

1-) Pay	_
(Signature)	•
(Title) //-30-68	
(Date)	

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.