Form C-104. Supersedes Old C-	1045am K-116
Effective 1-1-65	

	NO. OF COPIES RECEIVED					
	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			SION	Form C-104. Supersedes Old C-104 and C-1.	
	FILE AND				Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	,	ATURAL GAS	1/20	
	LAND OFFICE			···Oit/IE O/IO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	TRANSPORTER OIL				7963	
	GAS /	_			VA CON CO.	
	PRORATION OFFICE	4			COM	
I.	Operator	<u>.                                    </u>	·			
	Dwns Ray Oil	& Gas Co., Inc.				
	Address		- 1	~~		
	4101 E. Loui	siana Ave., Denver,	Colorado 8022	22		
	Reason(s) for filing (Check proper box	)	Other (Please e.	xplain)		
	New We!l	Change in Transporter of:				
	Recompletion	Oil Dry Go	<b>=</b>			
	Change in Ownership X  If change of ownership give name	Casinghead Gas Conde		an Oil Co.		
	and address of previous owner	4101 E. Louisian				
II.	DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Cormetton	ind of Lease	Lease No.	
	Legiosylle 6	3 So. Blanco P	P)	_	1	
	Location	3 Bo. Blanco P.	ccured C1211B	MAN I GGGIGI AFAFA	0734	
	Unit Letter K; 1850	Feet From The South	ne and	Feet From The	West	
	Line of Section 3 Tow	vnship 23N Range 2	, NMPM,	Rio Arrib	County	
	Eme of occiton of 100		, , , , , , , , , , , , , , , , , , , ,			
	Name of Authorized Transporter of Cas	Address (Give address to which approved copy of this form is to be agree of Authorized Transporter of Casinghead Gas or Dry Gas.  Address (Give address to which approved copy of this form is to be agree of Authorized Transporter of Casinghead Gas or Dry Gas.  Address (Give address to which approved copy of this form is to be agree of Authorized Transporter of Casinghead Gas.  El Paso, Texas				
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?			
	give location of tanks.		Yes	Janu	ary 1964	
	If this production is commingled wit COMPLETION DATA					
	Designate Type of Completion	on - (X)	New Well Workover	Deepen Plug	Back   Same Res'v. Diff. Res'v.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	Р.В.	r.D.	
	Date Spadded	Date Compi. Heady to Prod.	Total Beptil	12.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubir	ng Depth	
	, , , , , , , , , , , , , , , , , , , ,					
	Perforations			Depti	n Casing Shoe	
		TUBING, CASING, AND	CEMENTING RECORD	·, ·		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
			<u> </u>			
			<del> </del>			
<b>1</b> .7	TEST DATA AND REQUEST E	OP ALLOWARIE (Tark must be a	feer recovery of total values	of load oil and mu	st be equal to or exceed top allow	
٧.	TEST DATA AND REQUEST FO		epth or be for full 24 hours)		or be equal to or exceed top allow-	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, p	oump, gas lift, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Chok	• Size	
		Ott. Bhis	Water - Bbis.	Gqs/	MCF	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	347	MOF	
		<u> </u>				
	CAC WELL			ì		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Grav	ty of Condensate	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n) Chok	• Size	
			·			
VI.	CERTIFICATE OF COMPLIANCE		OIL CO	OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	, , , , , ,	DEC 3 0, 91968	
	Commission have been complied w	ith and that the information given	Original Sig	ned by Eme	IY C. AIROIG	

## VI.

Al Ray
(Signature)
(Title) //- 30 -6: 8
(Date)

SUPERVISOR DIST. 統 TITLE \_

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.