	NO. OF COPIES REC	EIVED	14	
	DISTRIBUTION			
	SANTA FE		1	
	FILE		1	سن
	U.S.G.S.			
1.	LAND OFFICE			
	IRANSPORTER	OIL		
		GAS	/	
	OPERATOR		1	
	PRORATION OFFICE			

	NO. OF COPIES RECEIVED 4	1				
	DISTRIBUTION	NEW MEXICO OIL C	CONSERVATION COMMISSION	Form C-104		
	SANTA FE /	1	FOR ALLOWABLE	Supersedes Old C-104 and C-116		
	FILE / L	7	AND	Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	c		
	LAND OFFICE	AOTHORIZATION TO TRA	AND ON FOIL AND NATORAL GA			
	OIL	1				
	TRANSPORTER GAS	†				
	OPERATOR /	4				
	PRORATION OFFICE	┪				
ı.	Operator					
	Dyna Ray Oil & Gas C	lo Inc.				
•	Address					
		enue, Denver, Colora	ido 80222			
			······································			
	Reason(s) for filing (Check proper box		Other (Please explain)	7		
	New Well	Change in Transporter of:	To Jan Maria	Change also		
	Recompletion	Oil Dry Go	is [gelise mund	Marge Co		
	Change in Ownership	Casinghead Gas Conde	nsate [] [/			
	If change of ownership give name	rving Pasternak, dba	Shar-Alan Oil Co.			
			nue, Denver, Colorado	80222		
TT	DESCRIPTION OF WELL AND					
	Lease Name	Well No. Pool Name, Including F	ormation Kind of Lease	Lease No.		
		1 -	Picture Oliff state, Federal o			
	Bari-Federal	Z SO. Blanco	ricture villis	111105 99		
		N+h	1000	East		
	Unit Letter A ; 790	Feet From The North Lin	ne and 1000 Feet From Th	e		
				• • •		
	Line of Section 3 Tov	wnship 23N Range	1 W , NMPM, Rio Al	rr1ba County		
III.	DESIGNATION OF TRANSPORT	<mark>TER OF OIL AND NATURAL GA</mark>	AS			
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approve	d copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	singhead Gas 🔃 or Dry Gas 📆	Address (Give address to which approve	d copy of this form is to be sent)		
	Da Da Watana I Car	**	al Paso, Texas			
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected? When			
	If well produces oil or liquids, give location of tanks.	1 1 1 1 1 1	37 –	Fohmus 1964		
	give rocution of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>	305-	Fobruary 1864		
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA					
	Designate Type of Completic	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Designate Type of Completic	$\mathbf{m} = (\mathbf{A})$				
	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		
		THRING CASING AND	ND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>				
			<u> </u>			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil an	d must be equal to or exceed top allow-		
• •	OIL WELL	able for this de	pth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)		
i						
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
	-	}				
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MOF		
	•	1		-"''		
		<u> </u>		986 4 100		
				4 1968		
	GAS WELL	1		VOIL COM		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conditions COM		
				31.3		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE	CE	OU CONSERVAT	ION COMMISSION		
¥ 1.	CERTIFICATE OF COMPLIAN	RIIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION DEC 4 1968		
			APPROVED BY Original Signed by Emery C. Arnold SUPERVISOR DIST. #5 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 allow-			
	I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given				
	above is true and complete to the	best of my knowledge and belief.				
	47/)					
	+ 14.					
	(SAgno	ature i				
	1/ O COLETO	as or v j				
	(Til		able on new and recompleted well	€.		
	11-30-68		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.			
	(Da	ite)				

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.

No. of the Control of