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DISTRIBUTI	ON		
SANTA FE FILE U.S.G.S.		1	
		7	
LAND OFFICE			
IRANSPORTER	OIL		
TRANSPORTER	GAS	1	
OPERATOR			
PRORATION OFFICE			

	DISTRIBUTION /		ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
	U.S.G.S.	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL GA	Effective 1-1-65		
ļ	LAND OFFICE	AUTHORIZATION TO TRAI	TO ONE OIL AND TATIONAL OF			
	TRANSPORTER GAS /					
	OPERATOR /			·		
1.	PRORATION OFFICE Operator					
	Dyna Ray Oil & Gas Co., Inc. Address 4101 K. Louisiana Avenue, Denver Colorado 80222 Reoson(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:	_			
	Recompletion	Oil Dry Gas	 			
	Change in Ownership A	Casinghead Gas Condens				
	If change of ownership give name Irving Pasternak, dba Shar-Alan Oil Co. and address of previous owner 4101 F. Louisiana Avenue, Denver, Colorado 30222					
П.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No					
	Douthit-Browning E 2 So. Blanco Pictured CliffSot XXXXXXXX Fee					
	Unit Letter L : 1650 Feet From The South Line and 990 Feet From The West					
	J. J	<u>-</u>	NIADA —	County		
		238	L-V N-L-V -A-	PP1 09		
III.	DESIGNATION OF TRANSPORT	or Condensate	S Address (Give address to which approve	ed copy of this form is to be sent)		
	1		Address (Give address to which approve	ed copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	••	El Paso, Texas Bo	1492		
	El Paso Natural Gus If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	1963		
	give location of tanks.		Yes	August 1960		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA						
	Designate Type of Completic	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	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			
	Perforations					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	HOLE SIZE	CASING & TOSING CIZE				
V.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top all able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	4.77	Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test			Gas-MCE		
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.			
	1		<u> </u>	THE CON COM		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
		•		Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chore Size		
VI	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 DIGITAL SIGNED SUPERVISOR DIST.		*000			
			ABBBOVED			
			By Original Signed by Emery C. Arnold			
			SUPERVISOR DIST 1997			
	<i>"</i>	\wedge		This form is to be filed in compliance with RULE 1104.		
	711	- As-	versity to a consent for allowable for a newly drilled or deepened			
	(Sign)	(Signature) well, this form must be accompanied by a tabulation of the detection on the well in accordance with RULE 111.				
1//			All sections of this form mu	at be filled out completely for allow-		

able on new and recompleted wells.

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.