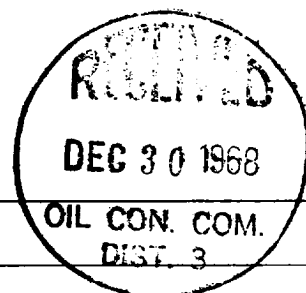


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TRANSPORTER	OIL
	GAS
OPERATOR	1
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65



I. Operator  
**Dyna Ray Oil & Gas Co., Inc.**  
Address  
**4101 East Louisiana Ave., Denver, Colorado 80222**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
**Trans Change from Shar Alan**

If change of ownership give name and address of previous owner **Shar Alan Oil Company, 4101 East Louisiana Ave., Denver, Colorado 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jianville R 166</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>South Platte Pictured Cliffs</b>	Kind of Lease State, Federal or Foreign <b>Indian</b>	Lease No. <b>0 166</b>
Location Unit Letter <b>I</b> ; <b>1780</b> Feet From The <b>South</b> Line and <b>990</b> Feet From The <b>East</b> Line of Section <b>29</b> Township <b>23N</b> Range <b>2W</b> , NMPM, <b>Sandoval</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <b>Dyna Ray Oil &amp; Gas Co., Inc.</b> (None)	Address (Give address to which approved copy of this form is to be sent) <b>4101 East Louisiana Ave., Denver, Colorado.</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Dyna Ray Oil &amp; Gas Co., Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>4101 East Louisiana Ave., Denver, Colorado 80222</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					<b>Yes</b>	<b>May 1968</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (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		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

(Signature)  
**Production Supt**  
(Title)  
**12-27-68**  
(Date)

OIL CONSERVATION COMMISSION

APPROVED **DEC 30 1968**

BY **Original Signed by Emery C. Arnold**

SUPERVISOR DIST. #3

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.