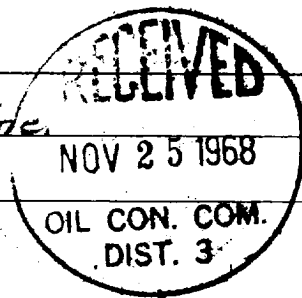


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| TRANSPORTER | OIL GAS |
| OPERATOR | 2 |
| PRORATION OFFICE | |

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
~~Sher-Alon Oil Company~~ **Dyna Ray Oil & Gas Co. Inc.**
Address
4101 E. Louisiana Avenue, 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)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|---|--|---------------------------|
| Lease Name Jicarilla "N" 163 | Well No. 2 | Pool Name, Including Formation So. Blanco Pictured Cliffs | Kind of Lease State, Federal or Fee FED. Lic. | Lease No. C-163 |
| Location Unit Letter I ; 790 Feet From The East Line and 1850 Feet From The South Line of Section 22 Township 23N Range 2W , NMPM, Sandoval County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) |
| El Paso Natural Gas Co. | Box 990, Farmington, New Mexico |
| If well produces oil or liquids, give location of tanks. | Is gas actually connected? NO |

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 1-21-67 | Date Compl. Ready to Prod. 11-4-68 | Total Depth 3120 | P.B.T.D. 3056 | | | | | |
| Elevations (DF, RKB, RT, GR, etc.) 7367 GR | Name of Producing Formation Pictured Cliffs | Top Oil/Gas Pay 3011 | Tubing Depth 3015 | | | | | |
| Perforations 3011-3031 | Depth Casing Shoe 3106 | | | | | | | |
| TUBING, CASING, AND CEMENTING RECORD | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT | | | | | |
| 12 1/4 | 8 5/8 | 100 | 60 | | | | | |
| 6 3/4 | 4 1/2 | I 3106 | 100 | | | | | |
| | 1 1/2 | 3015 | | | | | | |

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 2047 | Length of Test e hours | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pitot, back pr.) 1 point, back pr. | Tubing Pressure (shut-in) 837 | Casing Pressure (shut-in) 849 | Choke Size 3/4" |

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.

H.B. Lums
(Signature)
Manager of Lands & Exploration
(Title)
November 19, 1968
(Date)

OIL CONSERVATION COMMISSION

JAN 17 1969

APPROVED _____, 19

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.

