•											
NO. OF COPIES RECEIVED	11/										
DISTRIBUTION	- 1	┪	N.E	-W MEVIC	-0 011 6		ION COMMIS	SION	F	orm C-104	
SANTA FE	1		NE			FOR ALLO		31014			ld C-104 and C
FILE	1 / .	7		IX L	QUEST	AND	, ADEL		E	Effective 1-1-	65
U.S.G.S.	- /	Δ1	IITHORI7	ZATION	TO TRA		OIL AND NA	ATURAL G	AS		
LAND OFFICE			011101112				,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			العرب الر	77,788
TRANSPORTER	L										
GA	AS /									1	SAVE
OPERATOR										<i>.</i>	
PRORATION OFFICE	<u> </u>										3 0 1968
Operator DYNA RAY C	TT. &	GAS CO	. IN	c.					-	$\frac{1}{N}$ O'L or	DN Com
Address 4101 E Lou					Colo	rado 8	0222			DIS	ST. 3
Reason(s) for filing (Che	ck proper b	box)		<u> </u>			ther (Please e	explain)			
New Well		Ch	ange in Tra	insporter c	of:	_					
Recompletion		Oil	l		Dry G	as 🔲					
Change in Ownership		Ca	singhead G	ias	Conde	nsate					
If change of ownership and address of previous DESCRIPTION OF W		ID LEASE						Denve	Co	lorado	80222
Lease Name		We	ell No. Poo				1 -	State, Federal	cr Fee -		_
Fred Smock	k		1	So Bl	anco	PC				ederal	SF 08
Location				_		Ŋ	30		101	_ •	
Unit Letter	; <u>+</u>	L 570 F	eet From Ti		-	ne andc		Feet From T	rrib	-	Count
Line of Section	35	Township	24N	F	n • • • • • • • • • • • • • • • •			DIA /	חומתו	2	Count
DESIGNATION OF T	TRANSPO	ORTER OF	F OIL AN		URAL G	AS Address (G	, NMPM,				to be sent)
DESIGNATION OF T Name of Authorized Tran	nsporter of	Oil 🔲	or Conde	ID NATU	URAL G.	AS Address (G	ive address to	which approv	ed copy o	f this form is	
Name of Authorized Tran	nsporter of	Casinghead Gas (or Conde	or Dry G	ural G	Address (G	ive address to ive address to 90 Fari	which approv	ed copy o	f this form is	
Name of Authorized Transparence of Authorized Tr	nsporter of	Oil Casinghead	or Conde	or Dry G	URAL G.	Address (G	ive address to	which approv	ed copy o	f this form is	
Name of Authorized Transport	nsporter of nsporter of tural	Casinghead Gas (Gas Compan	or Dry Go	URAL G	Address (G Address (G Box 98 Is gas actu	ive address to ive address to O Fari	which approvements which approvements which approvements where	ed copy o	f this form is	
Name of Authorized Transparence of Authorized Tr	nsporter of a tura liquids, commingled	Casinghead Gas (Gas Compan	or Dry Go	URAL G	Address (G Address (G Box 98 Is gas actu	ive address to ive address to O Fari	which approvements which approvements which approvements where	ed copy o	f this form is f this form is 87401	
Name of Authorized Transition of Authorized Tr	nsporter of a tura l iquids, ommingled	Casinghead Casinghead Unit with that f	Gas Sec.	or Dry Go	uRAL G	AS Address (G Box 98 Is gas actu	ive address to ive address to Part ally connected Yes ngling order	which approved which approved ington when the wheeling to the whole the whol	ed copy of	f this form is f this form is 87401	to be sent)
Name of Authorized Transport of Authorized Transport of Authorized Transport of Page 1 and	nsporter of a tura l iquids, ommingled	Casinghead Cas (Unit) with that f	Gas Sec.	or Dry Go	RAL G.	AS Address (G Box 98 Is gas actu	ive address to ive address to Pari ally connected Yes ngling order	which approved which approved ington when the wheeling to the whole the whol	ed copy of	f this form is f this form is 87401	to be sent)
Name of Authorized Transition of Authorized Tr	nsporter of a tura l iquids, ommingled	Casinghead Cas (Unit) with that f	Gas Sec.	or Dry Go	RAL G.	Address (G Box 91 Is gas actu New Well	ive address to ive address to Pari ally connected Yes ngling order	which approved which approved ington when the wheeling to the whole the whol	ed copy o	f this form is f this form is 87401	to be sent)
Name of Authorized Transcript Page Mills Page Mills If well produces oil or ligive location of tanks. If this production is completed to the Completion DAT. Designate Type of Date Spudded	nsporter of a tura l iquids, commingled A	Casinghead Casinghead Unit with that f	Gas Sec.	or Dry Go	Rac Rec or pool	Address (G Box 91 Is gas actu New Well	ive address to ive address to Part ally connected Yes ngling order Workover	which approved which approved ington when the wheeling to the whole the whol	ed copy o	f this form is 87401 Same Ro	to be sent)
Name of Authorized Transport of Authorized Transport of Authorized Transport of Page 1 and	nsporter of a tura l iquids, commingled A	Casinghead Casinghead Unit with that f	Gas Compan Sec.	or Dry Go	Rac Rec or pool	AS Address (G Box 91 Is gas actu , give commi	ive address to ive address to Part ally connected Yes ngling order Workover	which approved which approved ington when the wheeling to the whole the whol	ed copy of	f this form is 87401 ack Same Ro	to be sent)
Name of Authorized Transcript Page Mills Page Mills If well produces oil or ligive location of tanks. If this production is completed to the Completion DAT. Designate Type of Date Spudded	nsporter of a tura l iquids, commingled A	Casinghead Casinghead Unit with that f	Gas Compan Sec.	or Dry Go	Rac Rec or pool	AS Address (G Box 91 Is gas actu , give commi	ive address to ive address to Part ally connected Yes ngling order Workover	which approved which approved ington when the wheeling to the whole the whol	ed copy of	f this form is 87401 Same Ro	to be sent)
Name of Authorized Transition of Information of Information of Information of Information of Information of Authorized Type of Date Spudded Elevations (DF, RKB, R	nsporter of a tura l iquids, commingled A	Casinghead Casinghead Unit with that f	Gas Sec. Sec. Oil W	or Dry Go	RAL G. Rge. Rge. Gas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to Parially connected Yes ngling order Workover	which approximation aington ? Whe number:	ed copy of	f this form is 87401 ack Same Ro	to be sent)
Name of Authorized Transition of Information of Information of Information of Information of Information of Authorized Type of Date Spudded Elevations (DF, RKB, R	nsporter of a tura l iquids, commingled A	Casinghead Casinghead Unit with that f etion — (X	Gas	or Dry Go or Dry Go Twp. Twp.	RAL G. Rge. Rge. Cas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approvaling to make the state of the s	ed copy of	f this form is 87401 Cock Same Ro	es'v. Diff. Re
Name of Authorized Transition of Information of Information of Information of Information of Information of Authorized Type of Date Spudded Elevations (DF, RKB, R	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X	Gas Sec. Sec. Oil W	or Dry Go or Dry Go Twp. Twp.	RAL G. Rge. Rge. Cas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to Parially connected Yes ngling order Workover	which approvaling to make the state of the s	ed copy of	f this form is 87401 ack Same Ro	es'v. Diff. Re
Name of Authorized Transition of Authorized Tr	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X	Gas	or Dry Go or Dry Go Twp. Twp.	RAL G. Rge. Rge. Cas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approvaling to make the state of the s	ed copy of	f this form is 87401 Cock Same Ro	es'v. Diff. Re
Name of Authorized Transition of Authorized Tr	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X	Gas	or Dry Go or Dry Go Twp. Twp.	RAL G. Rge. Rge. Cas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approvaling to make the state of the s	ed copy of	f this form is 87401 Cock Same Ro	es'v. Diff. Re
Name of Authorized Transition of Authorized Tr	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X	Gas	or Dry Go or Dry Go Twp. Twp.	RAL G. Rge. Rge. Cas Well on	Address (G Box 99 Is gas actu , give commi New Well Total Dept	ive address to ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approvaling to make the state of the s	ed copy of	f this form is 87401 Cock Same Ro	es'v. Diff. Re
Name of Authorized Trans The Paso Mississippose of Authorized Trans If well produces oil or ligive location of tanks. If this production is concompleted to the concomplete of tanks. Designate Type of the concomplete of tanks of the concomplete of tanks. Designate Type of the concomplete of tanks of tanks. Perforations (DF, RKB, R) HOLE SIZE	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go Twp. Twp. ither lease ity to Prod. g Formatic	as x Rge. Page. Gas Well on	AS Address (G BOX 99 Is gas actu , give commi New Well Total Dept Top Oil/G	ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approved which approved which approved which approved a large of the second seco	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Ro	es'v. Diff. Re
Name of Authorized Trans R1 Page Mi If well produces oil or ligive location of tanks. If this production is concompletion DAT. Designate Type of Date Spudded Elevations (DF, RKB, R Perforations HOLE SIZ	nsporter of nsport	Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 93 Is gas actu , give commi New Well Total Dept Top Oil/G	ive address to ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Ro	es'v. Diff. Re
Name of Authorized Trans RI PASO Mi If well produces oil or ligive location of tanks. If this production is concompleted to the concomplete to	nsporter of nsport	Casinghead Gas Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 99 Is gas actu , give commi New Well Total Dept Top Oil/G	ive address to ive address to Part ally connected Yes ngling order Workover h as Pay	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Ro	es'v. Diff. Re
Name of Authorized Trans R1 Page Mi If well produces oil or ligive location of tanks. If this production is concompletion DAT. Designate Type of Date Spudded Elevations (DF, RKB, R Perforations HOLE SIZ	nsporter of nsport	Casinghead Gas Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 99 Is gas actu , give commi New Well Total Dept Top Oil/G	ive address to ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI DEPTH SE	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Ro	es'v. Diff. Re
Name of Authorized Transition of Authorized Transitions of It will be a supported by the Authorized Transitions of Authori	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 99 Is gas actu , give commi New Well Total Dept Top Oil/G	ive address to ive ad	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Reck	es'v. Diff. Re
Name of Authorized Trans RI PASO Mi If well produces oil or ligive location of tanks. If this production is concompleted to the concomplete to	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 91 Is gas actu New Well Total Dept Top Oil/G	ive address to ive ad	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 ack Same Reck	es'v. Diff. Re
Name of Authorized Transition of Authorized Transitions of It will produce oil or liquid location of tanks. If this production is concompleted to Completion is concompleted to Complete Type of Date Spudded Elevations (DF, RKB, Research of Test DATA AND FOIL WELL Date First New Oil Run Length of Test	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as x Rege. e or pool, Gas Well on SING, AN	AS Address (G BOX 91 Is gas actu New Well Total Dept Top Oil/G	ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI DEPTH SE Ingling of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours)	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is f this form is 87401 Cock Same Roo Cock Same Ro	es'v. Diff. Re
Name of Authorized Transition of Authorized Transitions of It will be a supported by the Authorized Transitions of Authori	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as Rec. Page. Fage. Sing, An	AS Address (G BOX 98 Is gas actu , give commi New Well Total Dept Top Oil/G ND CEMENT after recovery depth or be for Producing Casing Pr	ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI DEPTH SE Ingling of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours)	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is 87401 Cock Same Robb. Depth Casing Shoe SACKS CE	es'v. Diff. Re
Name of Authorized Transition of Authorized Transitions of It will produce oil or liquid location of tanks. If this production is concompleted to Completion is concompleted to Complete Type of Date Spudded Elevations (DF, RKB, Research of Test DATA AND FOIL WELL Date First New Oil Run Length of Test	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as Rec. Page. Fage. Sing, An	AS Address (G BOX 98 Is gas actu , give commi New Well Total Dept Top Oil/G ND CEMENT after recovery depth or be for Producing Casing Pr	ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI DEPTH SE Ingling of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours)	which approve which approve which approve aington are of load oil	ed copy of ed copy of plug Bo	f this form is f this form is 87401 CK Same Robbert CALLED SACKS CE SACKS CE CF DEC	estv. Diff. Re
Name of Authorized Transition of Authorized Transitions of It will produce oil or liquid location of tanks. If this production is concompleted to Completion is concompleted to Complete Type of Date Spudded Elevations (DF, RKB, Research of Test DATA AND FOIL WELL Date First New Oil Run Length of Test	nsporter of nsport	Casinghead Casinghead Casinghead Unit with that f etion — (X Date C	or Conde	or Dry Go or Dry Go or Dry Go Twp. Twp. Ither lease or Prod. Grantic BING, CA TUBING	RAL G. as Rec. Page. Fage. Sing, An	AS Address (G BOX 98 Is gas actu , give commi New Well Total Dept Top Oil/G ND CEMENT after recovery depth or be for Producing Casing Pr	ive address to ive address to Parially connected Yes Ingling order Workover Indian Pay ING RECORI DEPTH SE Ingling of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours Method (Flow Insert of total volume full 24 hours)	which approve which approve which approve aington are of load oil	ed copy of	f this form is f this form is 87401 CK Same Robbert CALLED SACKS CE SACKS CE CF DEC	es'v. Diff. Research of the sent of the se

VI. CERTIFICATE OF COMPLIANCE

Testing Method (pitot, back pr.)

Actual Prod. Test-MCF/D

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.

Length of Test

Tubing Pressure (Shut-in)

(Date)

(Title) 1968 November 30,

OIL CONSERVATION COMMISSION DEC 3 0 1968 APPROVED_

Choke Size

By Original Signed by Emery C. Arnold

Casing Pressure (Shut-in)

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.

t e