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	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE I RANSPORTER GAS GAS OUT GAS	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	
1.	OPERATOR PRORATION OFFICE Operator SYNA RAY OIL & Address 4101 E Louisian Reason(s) for filing (Check proper box, New Well	na Ave, Denver, Colo	Orado 80222 Other (Please explain)		
	Recompletion Change in Ownership	O11 Dry Ga Casinghead Gas Conder	≓		
	If change of ownership give name and address of previous owner	ar-Alan Oil Co., 410)] E La. Ave., Denve	r, Colorado 80222	
II.	Lease Name MELIK-Federal Location Unit Letter K , 175	well No. Pool Name, Including F 2 So Blanco PC 50 Feet From The South Lin	State, Federal	rhe West	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approx	ved copy of this form is to be sent)	
	Name of Authorized Transporter of Cas / El Paso Nat. If well produces oil or liquids, give location of tanks.	_	Box 990 Farmington Is gas actually connected? When Yes	NN 87401	
	If this production is commingled with COMPLETION DATA Designate Type of Completion Date Spudded	th that from any other lease or pool, on - (X) Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.	
	Elevations (DF, RKB, RT, GR, etc.) Perforations	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth Depth Casing Shoe	
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FOR OIL WELL Date First New Oil Run To Tanks	OR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load oil epth or be for full 24 hours) Producing Method (Flow, pump, gas light)	and must be equal to or exceed top allow-	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	OIL CON. COM.	
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condengate Choke Size	
VI.	Testing Method (pitot, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in) CE		ATION COMMISSION DEC 4 1968	
	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) (Title) November 2. 1968 (Date)		Original Signed by Emery C. Arnold BY 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 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 filled for each pool in multiply		