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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	1
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

Operator	TRANS DELTA OIL & GAS CO., INC.		
Address	1330 LEYDEN STREET SUITE 131 DENVER, COLORADO 80220		
Reason(s) for filing (Check proper box)	Other (Case explained)		
New Well <input type="checkbox"/>	Change in Transporter of:	Corporate Name Change from	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dyna Ray Oil & Gas Co., Inc. to	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Trans Delta Oil & Gas Co., Inc.	
	Dry Gas <input type="checkbox"/>		
	Condensate <input type="checkbox"/>		
If change of ownership give name and address of previous owner			

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
CRANE FEDERAL	6	SO BLANCO PC	State, Federal or Fee	NM036224
Location				
Unit Letter	K	1810 Feet From The	SOUTH	Line and 1680 Feet From The
Line of Section	31	Township	24N	Range 1W, NMPM, RIO ARRIBA

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					EL PASO TX				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When			
					1962				

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv. Lift. Resv.
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		OIL CONSERVATION COMMISSION	
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 JAN 12 1973	
BY Original Signed by Emery C. Arnold		TITLE SUPERVISOR DIST. #3	
CHIEF ACCT		This form is to be filed in compliance with RULE 1104.	
DEC 20 1972		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.	
(Signature)		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		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.	
(Date)		Separate Forms C-104 must be filed for each pool in multiply completed wells.	