II. DESCRIPTION OF WELL AND LEASE Lease Name Wentz Federal So Blanco PC State, Federal or Fee Federal Location Unit Letter G ; 1650 Feet From The North Line and 1650 Feet From The East Line of Section 31 Township 24N Fange lW , NMFM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be a superior of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be a superior of Casinghead Gas or Dry Gas Superior of Casinghead Gas or Dry	-104 and C-116
U.S.G.S. LAND OFFICE OIL IRANSPORTER OIL OPERATOR PROPATION OFFICE Operator DYNA RAY OIL & GAS / OPERATOR PROPATION OFFICE OPERATOR PROPATION OFFICE OPERATOR PROPATION OFFICE OPERATOR DYNA RAY OIL & GAS CO., INC Address 4101 & Louisianna Ave., Denver, Colorado 80222 Resson(s) for filing (Check proper box) New Well Recompletion OII OCASINGHED GOS CONDENSITY Recompletion OII Dry Gas Condensate OTHER CONDENSITY If change of ownership give name Shar—Alan Oil Co., 4101 & La. Ave., Denver, Colorado 8 II. DESCRIPTION OF WELL AND LEASE Lease Name Werntz Pederal 3 SO Blanco PC State, Federal or Fee Federal 5 Location Unit Letter G 1650 Feet From The North Line and 1650 Feet From The Rast Line of Section 31 Township 24N Range 1 W , NMPM, Rio Arriba III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be 100 for including transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Company If whis produces oil or liquids, Give location of tends. 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) OII Well Gas Well New Well Workover Deepen Flug Bock Same Resty.	
TRANSPORTER OL	
PRORATION OFFICE Operator	•
DYNA RAY OIL & GAS CO., INC Address	· · · · · · · · · · · · · · · · · · ·
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Name of Authorized Transporter of Calinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be RI Paso Natural Gas Company If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be RI Paso Natural Gas Company Box 990, Farmington, New Mexico Is gas actually connected? When When Yes 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)	
Name of Authorized Transporter of Cil or Condensate Address (Give address to which approved copy of this form is to be a Natural Gas Company El Paso Natural Gas Company If well produces oil or liquids, quel location of tanks. 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) Address (Give address to which approved copy of this form is to be a series of the production of tanks to which approved copy of this form is to be a series of the production of this form is to be a series of the production of this form is to be a series of the production of this form is to be a series of the production of this form is to be a series of the production of the production of tanks. Reserved Address (Give address to which approved copy of this form is to be a production of this form is to be a series of the production of the production of tanks. Reserved Plug Back Same Reserved Designate Type of Completion — (X)	County
El Paso Natural Gas Company If well produces oil or liquids, give location of tanks. 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) Box 990, Farmington, New Mexico When Yes Is gas actually connected? When Yes Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv.	e sent)
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Designate Type of Completion — (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Restv.	
	'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 DEPTH SET SACKS CEMEN	J.T
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMEN	``
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 exceedable for this depth or be for full 24 hours)	sed top allow-
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	1
Actual Prod. During Test Oil-Bbls. Water-Bbls. Gas-NCF DEC 4	70.5
GAS WELL OIL CON.	1968
Actual Prod. Test-MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate/	COM.
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size	COM.
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION DEC 9.0.10	COM.
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 APPROVED BY Original Signed by Emery C. Arnold	COM.

(Title) November β_2 , 1968

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.



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