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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 (Please explain)
New Well <input type="checkbox"/>	Corporate Name Change from
Recompletion <input type="checkbox"/>	Dyna Ray Oil & Gas Co., Inc. to
Change in Ownership <input type="checkbox"/>	Trans Delta Oil & Gas Co., Inc.
Change in Transporter of: Oil <input type="checkbox"/> Gas <input type="checkbox"/>	
Change in Casinghead Gas <input type="checkbox"/>	
Change in Dry Gas <input type="checkbox"/>	
Change in Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

Lease Name DUFF GOVT	Well No. 1	Pool Name, including Formation SO BLANCO PC	Kind of Lease State, <input checked="" type="checkbox"/> Federal or Fee	Lease No. NM03451
Location				
Unit Letter D	990	Feet From The NORTH Line and 990	Feet From The WEST	
Line of Section 34	Township 24N	Range 1W	NMPM,	RIO ARRIBA County

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.
				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 Rest.	Dist. Rest.
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				

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	

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

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.

[Signature]
CHIEF ACCT
DEC 20 1972
(Title)
(Date)

OIL CONSERVATION COMMISSION

APPROVED JAN 12 1973, 19
BY Original Signed by Emery C. Arnold
TITLE SUPERVISOR DIST. #3

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.