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DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			
Operator			

	SANTA FE	1	FOR ALLOWABLE	Form C-104  Supersedes Old C-104 and C-116  Effective 1-1-65	
	U.S.G.S.	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
	LAND OFFICE	AUTHORIZATION TO TRA	INSPURT OIL AND NATURAL	GAS	
	OIL				
	TRANSPORTER GAS				
	OPERATOR				
I.	PRORATION OFFICE				
	Operator	- 0- T			
	Dyna Ray Oil & Gar	Co., Inc.			
		Ave., Denver, Colorado	80222		
	Reason(s) for filing (Check proper box)	Ave., Denvel, Colorado	Other (Please explain)		
	New Well	Change in Transporter of:			
	Recompletion	Oil Dry Gas	s		
	Change in Ownership	Casinghead Gas Conden	nsate		
	If above of aurosphin give name		_		
	If change of ownership give name and address of previous owner	rving Pasternak, dba Sha	r-Alan Oil Company, 410	Ol E. Louisiana Ave.,	
			Des	nver, Colorado, 80222	
11.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo	ormation Kind of Lea	Lease No.	
	Weratz-Federal	1 So. Blanco P	ictured Cliffs Per Fede	ral <b>xxix SF-0</b> 79354 <b>‡A</b>	
	Location /65		2000100		
	Unit Letter H ; 990	ملطيدى	e and 990 Feet From	n The <b>East</b>	
	omi Letter				
	Line of Section 21 Tow	vnship 24N Range	IW , NMPM,	RioArriba County	
III.	DESIGNATION OF TRANSPORT	rer of oil and natural ga	Address (Give address to which apply	roved copy of this form is to be sent)	
	Name of Authorized Transporter of Off	or condensate [	Address (office debress to which app.	( cop ) ( cop ) ( cop )	
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 📆	Address (Give address to which app	roved copy of this form is to be sent)	
	El Paso Natural G	<del></del>	Box 1492, El Paso, To	exas 79999	
		Unit Sec. Twp. Rge.		/hen	
	If well produces oil or liquids, give location of tanks.		Yes	November 1961	
	<u> </u>	th that from any other lease or pool,	4		
IV.	COMPLETION DATA	in that from any other rease of poor,	give comminging order names.		
•••		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
	Designate Type of Completion	n — (A)	1	COFIN	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.DOFI'FI	
				/ KLULIYAN	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
		<u></u>		Depth Casing Shoe 1969	
	Perforations			0" 00	
		TURING CASING AND	CEMENTING RECORD	CON. COM.	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	11022 3122				
			<u> </u>	i	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load o	il and must be equal to or exceed top allow-	
	OIL WELL	able for this de	pth or be for full 24 hours) Producing Method (Flow, pump, gas	lift etc.)	
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	••;•, •••••	
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test	Tubing Freedad			
	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	
		<u> </u>			
VI.	CERTIFICATE OF COMPLIAN	ERTIFICATE OF COMPLIANCE		ATION 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.    Manager   (Title)		TITLE  SUPERVISOR DIST. #S  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 for a newly drilled out completely for allowable form must be filled out completely for allowable for allowable filled out completely for allowable for allowable filled out completely for allowable filled out completely for allowable for allowable for allowable filled out completely for allowable for allowable filled out completely filled		
		156/	able on new and recompleted wells.  Fill out only Sections I II. III. and VI for changes of owner,		

(Date)

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.