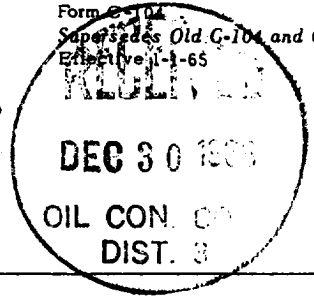


NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-110
 Effective 1-1-65



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DISTRIBUTION	
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LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

I. Operator
 Address **Dyna Ray Oil & Gas Co., Inc.**
4101 East Louisiana Ave, Denver, Colorado 80222

Reason(s) for filing (check proper box) Other (Please explain)
 New Well Change in Transporter of: **Shar Alan**
 Recompletion Oil Dry Gas **Change in Transporter from M-Pace**
 Change in Ownership Casinghead Gas Condensate **Natural Gas Co. To Dyna Ray Oil & Gas Co., Inc.**

If change of ownership give name and address of previous owner ~~XXXXXXXXXX~~ **Shar Alan Oil Co. 4101 East Louisiana Ave, Denver, Colorado. 80222**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla B 165	Well No. 3	Pool Name, Including Formation Under Semblance Pictured Cliffs	Kind of Lease State, Federal or Fee Indian	Lease No. 8 165
Location Unit Letter B ; 990 Feet From The North Line and 1190 Feet From The West				
Line of Section 28 Township 23N Range 2W , NMPM, Sandoval County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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)
Dyna Ray Oil & Gas Co., Inc.	4101 East Louisiana Ave, Denver, Colorado 80222
If well produces oil or liquids, give location of tanks.	Is gas actually connected? Yes when May 1968

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)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	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	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

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.

Donald Burton

 Production Supt.
 (Title)
 12/28/68
 (Date)

OIL CONSERVATION COMMISSION

DEC 30 1968

APPROVED _____
 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.



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