

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER

OIL

GAS

OPERATOR

PRORATION OFFICE

Operator

TRANS DELTA OIL & GAS CO., INC.

1330 LEYDEN STREET SUITE 131

DENVER, COLORADO 80220

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other

Corporate Name Change from

Dyna Ray Oil & Gas Co., Inc. to

Trans Delta Oil & Gas Co., Inc.

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name

EVANS FEDERAL

Well No.

1

Pool Name, Including Formation

SO BLANCO PC

Kind of Lease

State, Federal or Fee

Lease No.

SF080098

Location

Unit Letter

M

990

Feet From The

S

Line and

990

Feet From The

W

Line of Section

18

Township

23N

Range

1W

NMPM,

RIO ARRIBA

County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

or Condensate

Address (Give address to which approved copy of this form is to be sent)

Name of Authorized Transporter of Casinghead Gas

or Dry Gas

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.

Unit

Sec.

Twp.

Rge.

Is gas actually connected?

When

1963

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

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well

Gas Well

New Well

Workover

Deepen

Plug Back

Same Resv.

Diff. 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

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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.

Chief ACCT

DEC 20 1972

(Signature)

(Title)

(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signed By A. S. Kendrick

PETROLEUM ENGINEER DIST. NO. 5

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.