			<i>i</i>
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR			
PRORATION OFFICE			

## NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

1.	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL  GAS /  OPERATOR /  PRORATION OFFICE	AUTHORIZATION TO TRA	AND ANSPORT OIL AND NATURAL	GAS		
	Operator  Dyna Ray Oil & Gas Co., Inc.					
	Address	Ave., Denver, Colors	Other (Piease explain)			
	If change of ownership give name and address of previous owner		iba Shar-Alan Oil Co Ave., Denver, Colom			
II. DESCRIPTION OF WELL AND LEASE    Lease Name						
	Crane-Federal	1 So. Blanco I	Pictured Dligstate, Feder	NM 036224 NM 039034		
	Unit Letter <u>N</u> ; <b>790</b>	Feet From The <b>South</b> Lin	e and 1850 Feet From	The West		
	Line of Section 28 To	wnship <b>24N</b> Range	1W , NMPM, Rio Ai	rriba County		
III.	Name of Authorized Transporter of Oll	singhead Gas or Dry Gas 🟋	Address (Give address to which appr Address (Give address to which appr	oved copy of this form is to be sent)		
	El Paso Natural Ga	Unit Sec. Twp. Rge.	El Paso, Texas Is gas actually connected?	Dox 1492 hen		
	give location of tanks.		Yes	August 1962		
	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:			
	Designate Type of Completic	on - (X)   Oil Well   Gas Well	New Well Workover Deepen	Plug Back   Same Restv. Diff. Restv.		
	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		
		T	CEMENTING RECORD	SACKS CEMENT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
V.	EST DATA AND REQUEST FOR ALLOWABLE (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 DEC 4 1968		
	CIL CON. COM.					
	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		
***			OIL CONSERV	ATION COMMISSION		
VI.	CERTIFICATE OF COMPLIANCE			DEC 4 1988		
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				
		TITLE SUPERVISOR DIST. #3				
		This form is to be filed in compliance with RULE 1104.				
	VD (Signature)		well, this form must be accomp tests taken on the well in acc	enied by a tabulation of the deviation ordance with RULE 111.		
(Title)		ile)	All sections of this form mable on new and recompleted w	oust be filled out completely for allow- vells.		

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.

