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LAND OFFICE				
TRANSPORTER	OIL			
	GAS	1		
OPERATOR		1		
PRORATION OFFICE				

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-110

	FILE /	7 KENOESI	AND	Effective 1-1-65		
	U.S.G.S.		AND			
	LAND OFFICE	- AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL	GAS		
	OIL	-				
	I TRANSPORTER	\dashv				
	GAS /	4				
	OPERATOR /					
I.	PRORATION OFFICE					
	Operator	G =				
Dyna Ray Oil & Gas. Inc.						
	Address					
	4101 E. Louisia	ana Avenue, Denver, (Colorado 80222			
	Reason(s) for filing (Check proper box	c)	Other (Please explain)			
	New Well	Change in Transporter of:				
	Recompletion	Oil Dry Go	as 🗔			
	Change in Ownership XX	Casinghead Gas Conde	─			
	Change in Ownership	Custingheda Gas Conde	made	 		
	If change of ownership give name	Turning Destample dh	s Show Alon Oil Co			
	and address of previous owner	Irving Pasternak, db	a Shar-Alah Oli Co.	• • • • • • • • • • • • • • • • • • • •		
	•	4101 E. Lousiiana Ave	e., Denver, Colorado	80222		
11.	II. DESCRIPTION OF WELL AND LEASE					
	Lease Name	Well No. Pool Name, Including F	l l			
	Edwards-Federal	1 So. Blanco	Picture Cliff State_Fode	r⊄Lor Fee NM 0175780		
	Location					
	Unit Letter D : 990	Feet From The West Lin	ne and 990 Feet From	North		
	Unit Letter D; 990	Feet From The	ne and Feet ron	in the		
	0.7	QAN Desire	1W . NMPM. Ric	o Arriba County		
	Line of Section 27 To	wnship 24N Range	IW , NMPM, RIC	O Arriba County		
III.		TER OF OIL AND NATURAL GA				
	Name of Authorized Transporter of Oil	l Condensate	Address (Give address to which appr	oved copy of this form is to be sent)		
	Name of Authorized Transporter of Ca	singhead Gas 🔲 or Dry Gas 🏋 🗙	Address (Give address to which appr	oved copy of this form is to be sent)		
	El Dese Netural Coc	Co	El Paso, Texas	But 11167		
	El Paso Natural Gas	Unit Sec. Twp. Rge.	Is gas actually connected?	64 / 49 Z		
	If well produces oil or liquids, give location of tanks.	ome poet proper		A		
	give location of tanks.		Yes	August 1962		
	If this production is commingled wi	ith that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA					
	D : at T at Camples	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.		
	Designate Type of Completion	$on - (\lambda)$				
	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		
	Lievations (Dr., KKB, KI, GK, etc.,	Name of Producing Pointation	Top On/Gus Puy	Tubing Beptin		
	Perforations					
				Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
		<u> </u>	1			
V.	TEST DATA AND REQUEST F			l and must be equal to or exceed top allow-		
	OIL WELL	able for this de	epth 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		
				OFFICE		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF		
	The state of the s					
		<u> </u>	1	DFC 4 1000		
				4 1368		
	GAS WELL			QH CON SO		
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condendine COM		
				DIST. 3		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
(OU CONSERV	A TION COMMISSION		
VI.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERV	ATION COMMISSION		
			1	DEC 4 19 1968		
	I hereby certify that the rules and regulations of the Oil Conservation					
	Commission have been complied to	with and that the information given	By Original Signed by Emery C. Arnold			
	above is true and complete to the best of my knowledge and belief.		SUPERVISOR DIST, #5 This form is to be filed in compliance with RULE 1104.			
(Signature)		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.				
	(Title)		All sections of this form must be filled out completely for allow-			
(1 tite) // - 30 - 6 8 (Date)		able 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	
					Separate Forms C-104 mu completed wells.	at he tited for each poor in multiply
ii -			ii completed wells:			