## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION DISTRIBUTION CANTA FE FILE U.S.G.A. DISTRIBUTION DISTRIBUTION P. O. BOX SANTA FE, NEW	x 2088 RECEIVED
TRANSPORTER OIL TRANSPORTER OIL AND OFFICE REQUEST FOR AN ANTION OFFICE ANTION TO TRANSPORTER AUTHORIZATION TO TRANSPORT	ID O. C. D.
DEKALB Energy Company	
Change in Ownership Casinghead Gae Cor	Other (Picose explain) Comporate Name Change Indensole entral, Odessa, Texas 79761
II. DESCRIPTION OF WELL AND LEASE Leeae Name East Millman Unit 159 Millman Queen (	
Location Unit Letter	end 660 Feet From The West 28 , NMPM, Eddy County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL         Name of Authorized Transporter of OIL         Navajo Refining Company         Name of Authorized Transporter of Casinghead Casing         Phillips Petroleum Company         If well produces oil or liquide, give location of tanks.         P       15         19       28	GAS Aza: ese (Give address to which approved copy of this form is to be sent) P.O. Box 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79760 Is gas actually connected? Yes September 1960
If this production is commingled with that from any other lease or pool. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE	cive commingling order number: CTB 109 $f_{OOT} \pm D = 3$ 3 - 10 - 39 OIL CONSERVATION DIVISION Chap op .
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED MAR 7 1989
Chief Production Clerk (Tille) 9-1-88	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allo able on new and recompleted wells. Fill out only Sections I. II. III. and VI for changes of own
(Date)	well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiple completed wells.