STATE OF NEW MEXICU ENERGY AND MINERALS DEPARTMENT

ETOT AND WINTER	IMCO L	JEFF	****
90. 07 COPIES OFF	*****	1	
DISTRIBUTION			
BANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
DECC 43:00 050:00			

II. DESCRIPTION OF WELL AND LEASE

IV. COMPLETION DATA

OIL CONSERVATION D P. O. BOX 2088 SANTA FE, NEW MEXICO

REQUEST FOR ALLOWAB AND

STATE OF NEW MEXICU			Form C-104	
NERGY AND MINERALS DEPARTMENT	OIL CONSER	VATION DIVISION	Revised 10-1-78	
DISTRIBUTION SANTA FE	P. O. BOX 2088 SANTA FE, NEW MEXICO 87501 REQUEST FOR ALLOWABLE AND			
FILE U.S.G.S,	SANTA FE, N	EW MEXICO 8/501	C	
TRANSPORTER DIL	REQUEST	FOR ALLOWABLE		
OPERATOR GAS	AUTHORIZATION TO TRA	AND NSPORT OIL AND NATURAL GAS		
PROBATION OFFICE		TO ORT OIL AND NATURAL GAS	1 (2)	
DEKALB Energy Co	mpany			
Address 110 16th Street.	Suite 1000, Denver, Col	orado 80202		
Reason(s) for filing (Check proper be	ox)	Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry	As of 9/6/88 DEP operating under	CO, Inc. will begin	
Change in Ownership	Casinghead Gas Con	DEKALB Energy Co	mpany	
If change of ownership give name and address of previous owner	DEPCO, Inc. (address	- same as above)		
DESCRIPTION OF WELL AND				
Lease Name MKL	Well No. Pool Name, Including 6 South Blanco.	Formation Kind of Lea Pictured Cliff 类类, Feder	Legse No	
Location	1 0 Journ Branco,	Tictured Citis XXX	SF079162	
Unit Letter D ; 990	Feet From The North 1	line and 990 Feet From	The West	
Line of Section 6 To	ownship 26N Range	7W , NMPM, Rio A	rriba County	
DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL (346		
Name of Authorized Transporter of Ot		Address (Give address to which appro	oved copy of this form is to be sent)	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas X	Address (Give address to which appro	wed copy of this form is to be sent!	
El Paso Natural Gas	The Page 19	P.O. Box 1492, El Paso	TX 79978	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? Wi	e n	
If this production is commingled wi	th that from any other lease or pool	, give commingling order number:		
Designate Trans of Complete	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Rest	
Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	, , , , , ,	Total Depth	P.B.1.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations	<u> </u>		Depth Casing Shoe	
	TURING CASING AN	D CEMENTING RECORD		
HOLE \$12E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	Ifter recovery of total volume of load oil i	The second second second second second	
OIL WELL Date First New Oil Run To Tanks		epth or be for full 24 hours) Producing Method (Flow, pump, gas life		
	`	Transfer Marines (1 100, panip, 200 11)	., •,	
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas - MCF	
AS WELL		Y		
Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ERTIFICATE OF COMPLIANC	E	OIL CONSERVATI	ON DIVISION	
hereby certify that the rules and regulations of the Oil Conservation ivision have been complied with and that the information given have is true and complete to the best of my knowledge and belief.		MAR 06 1989		
		3110		
ooss is time and combists to the p	rest of my knowledge and belief.	SIDEDUTCTON DE	STRIOT # 7	
The Malie		TITLE SUPERVISION DISTRICT # 3		
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene		
Oistrict Production Sup		well, this form must be accompanied by a tabulation of the deviatio 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.		
(Tule				

	-		Depth Cashing allow					
	TUBING, CASING, AN	ID CEMENTING RECORD						
HOLE \$12E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be able for this d	after recovery of total volume of load (lepth or be for full 24 hours)	oil and must be equal to or exceed top allo					
Date First New Oil Run To Tanks	Date of Teet	Producing Method (Flow, pump, gas lift, etc.)						
Length of Teet	Tubing Pressure	Cosing Pressure	Choke Size					
Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	Gas - MCF					
GAS WELL								
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate					
Testing Method (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
hereby certify that the rules and regulations of the Oil Conservation by issues have been complied with and that the information given bove is true and complete to the best of my knowledge and belief. Signature) District Production Superintendent		OIL CONSERVATION DIVISION APPROVED MAR 06 1989						
		TITLE SUPERVISION DISTRICT # 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepene well, this form must be accompanied by a tabulation of the deviatio tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow						
					September 12, 1988	rle)	able on new and recompleted w Fill out only Sections I.	vells. II. III. and VI for changes of owner.
					(De	ite)	well name or number, or transpo	rter, or other such change of condition