

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS	<input checked="" type="checkbox"/>
OPERATOR		<input checked="" type="checkbox"/>
REGISTRATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

SEP 08 '88

C. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
DEKALB Energy Company

Address
800 Central, Odessa, Texas 79761

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)
Corporate Name Change

If change of ownership give name and address of previous owner
DEPCO, Inc., 800 Central, Odessa, Texas 79761

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sundance A Federal	Well No. 1	Pool Name, Including Formation Lone Wolf Atoka Gas	Kind of Lease State, Federal or Fee Federal	Lease No. 13632
Location				
Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East				
Line of Section 25 Township 12-S Range 29-E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> CEMCO	Address (Give address to which approved copy of this form is to be sent) 1 Houston Center, Ste 1000, Houston, Texas 77002
If well produces oil or liquids, give location of tanks. Unit J Sec. 25 Twp. 12 Rge. 29	Is gas actually connected? Yes When 4-12-80

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.

R. L. Denney
(Signature)
Chief Production Clerk
(Title)
9-1-88
(Date)

OIL CONSERVATION DIVISION

MAR 7 1989

APPROVED _____, 19____
BY Original Signed By
Mike Williams
TITLE _____

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.