## STATE OF NEW MEXICO

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OIL CONSERVA		RECEIVED	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1
P. O. BOX U.S.G.J. SANTA FE, NEW		SEP 08 '88	·
TRANSPORTER OIL V TRANSPORTER OIL V GAS V OPERATOR V AN		O. C. D. ARTESIA, OFFICI	E
AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL	GAS	
I.			
Operator			
DEKALB Energy Company			
800 Central, Odessa, Texas 79761 Reeson(s) for filing (Check proper box)	Other (Please expli	• · · · ·	
	Other It Rose capit		
	Cos Corporate	Name Change	
	idensate	_	•
Change in Ownership Casinghead Gas Con			***
If change of ownership give name and address of previous owner DEPCO. Inc 800 Ce	entral, Odessa, Tex	as 79761	
II. DESCRIPTION OF WELL AND LEASE			
Lesse Name Well No. Pool Name, including For	rmation Kind	of Lease	Leose No.
Artesia Unit 24 Artesia Queen G	Grayburg SA Store	, Foderal or Foo S	tate 647
Location			
Unit Letter I :1980 Feet From TheSouth Line	and <u>660</u> Fo		last
Line of Section 34 Township 17 Range	28 . NMPM.	Eddy	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS Assess (Give address to whi	al annound come of a	the form is to be need to
Name of Authorized Transporter of Oll good or Condensate	Asdress (Give address to whi	ich approved topy of	nis form is to be senty
Navajo Refining Company	P. O. Box 175. A	rtesia. New M	<u>exico 88210</u>
Name of Authorized Transporter of Cosinghead GasXX or Dry Gas	Address (Give oddress 10 wh	ich approved copy of i	Als form is to be senty
Phillips Petroleum Company	4001 Penbrook, O		79760
If well produces oil or liquids, Unit Sec. Twp. Ras.	is gas actually connected?	, When	
give location of lanks. L 2 18 28	Yes	9-1-	-60
If this production is commingled with that from any other lease or pool,	give commingling order num	ber:	POST 70-3
			3-10-84
NOTE: Complete Parts IV and V on reverse side if necessary.			chadp.
VI. CERTIFICATE OF COMPLIANCE			ISION / /
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		<u>AR 7 1989</u>	, 19
my knowledge and belief. BY		inal Signed By	
		like Williams	
	TITLE		
	This form is to be		
K. L. Denney	If this is a request	for allowable for a	newly drilled or deepon
(Sigralwo)	well, this form must be tests taken on the well	in accordance with	AULE 111.
Chief Production Clerk	All sections of this	form must be filled	i out completely for allo
(Tule)	able on new and recomp	plated wells.	
<u>9-1-88</u> (Date)	Fill out only Secti well name or number, or	ons I, U, III, and transporter, or other	VI for changes of own: such change of condition
(US(7)	were name of names ( of		

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Soparate Forma C-104 must be filed for each pool in multip completed wells.

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