STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT

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ENERGY AND MINEHALS UEPAHIMENT				Form C-104	
				Revised 10-01	
OIL CONSERVATION DIVISION			N	RECEIVED	6 3
PILE VV	P. O. BOX 2088			NT CLIVED	
V.1.0 .4.	SANTA FE, NEV	V MEXICO 87501			
LAND OFFICE				CLD OF	
TRANSPORTER OIL				SEP 08 1888	
O A B	REQUEST FO	R ALLOWABLE			
OPERATOR V	A	ND	•	O. C. D:	
AUTHO	RIZATION TO TRANSI	PORT OIL AND NATU	RAL GAS	ANTERM, DIFFICE	
<u>I.</u>		·······			
Operator					
DEKALB Energy Company 🗸					
Address					
800 Central, Odessa, Texas	79761				
Reason(s) for filing (Check proper box)		Other (Please	e explainj	·····	
New Well Change	in Transporter ol:				
Recompletion Oil	□ ¤	ry Gas Corpora	ate Name Ch	ange	
	singhead Gas	ondensate		•	
		L			
If change of ownership give name	200 T. 000 (Destruct Odesse	Taxaa 7076	1	
and address of previous ownerDE	200, Inc. 800 (entral, Odessa,	lexas /9/0		
	1				
II. DESCRIPTION OF WELL AND LEASE	. Pool Name, Including F	ermation	Kind of Lease		
			State, Federal		Leose No
Artesia Unit 22	Artesia Queen	Grayburg SA	Sidie, rederdi	State	647
Location					
Unit Letter K : 1980 Feet F	rom The <u>South</u> Li	ne and <u>1980</u>	Feet From Th	West	
Line of Section 35 Township	17 Range	, NMPN	4. Eddy	,	Count
III. DESIGNATION OF TRANSPORTER OF	OIL AND NATURA	LGAS			
Nome of Authorized Transporter of Oll or	Condensate	Assiess (Give address	to which approve	d copy of this form is to	o be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Cas	Address (Give address	to which approve	d copy of this form is to	o be sensj
Unii , S	ec. Twp. Rge.	Is gas actually connect	ied? When	·····	
If well produces all or liquids,	• •				
	ection Well!				
If this production is commingled with that from	any other lesse or pool,	, give commingling orde	r number:	108T =	<u>ED-3</u>
				3-10-	-89
NOTE: Complete Parts IV and V on reverse	side if necessary.	16		akan	b .
THE CERTIFICATE OF COMPLIANCE			ONSERVATI	ION DIVISION	
VI. CERTIFICATE OF COMPLIANCE					
I hereby certify that the rules and regulations of the Oil	Conservation Division have	APPROVED	MAR 7 1	309	19
been complied with and that the information given is true	e and complete to the best of	19 -	riginal Signe	id Bo	
my knowledge and belief.		BY	Mike Willia		
		TITLE		1113	
		TITLE			
$D \mid \langle \rangle$		This form is t	o be filed in co	ompliance with RULE	L 1104.
& Llenne R	L. Denney	If this is a rec	quest for allows	ble for a newly drille	ed or deepe
(Signature)		well, this form mus	t be accompan	ied by a tabulation of ance with AULE 111	f the deviat
Chief Production Clerk		1			
(Title)		able on new and re		t be filled out comple le.	HarA toL BII
9-1-88		11	-	III. and VI for chan	ages of own
(Dete)				r, or other such chang	
		Separate Form	s C-104 must	be filed for each po	ool in multi

completed wells.

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