

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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Page 1

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| TRANSPORTER            | OIL ✓<br>GAS ✓ |
| OPERATOR               | ✓              |
| REGISTRATION OFFICE    |                |

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SEP 08 '88

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.

ARTESIA, OFFICE

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"/> Oil        | <input type="checkbox"/> Dry Gas | Other (Please explain)<br><u>Corporate Name Change</u> |
| <input type="checkbox"/> Recompletion        | <input type="checkbox"/> Casinghead Gas | <input type="checkbox"/> Condensate |                                  |  |
| <input type="checkbox"/> Change in Ownership |   |                                     |                                  |  |

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<br><u>Artesia Unit</u>  | Well No.<br><u>36</u> | Pool Name, including Formation<br><u>Artesia Queen Grayburg SA</u> | Kind of Lease<br>State, Federal or Fee <u>State</u> | Lease No.<br><u>647</u> |
| Location<br>Unit Letter <u>D</u> ; <u>330</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>West</u><br>Line of Section <u>2</u> Township <u>18</u> Range <u>28</u> , NMPM, <u>Eddy</u> County |                       |  |   |                         |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|  |  |
|--|--|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>  | Address (Give address to which approved copy of this form is to be sent) |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>                                      | Address (Give address to which approved copy of this form is to be sent) |
| If well produces oil or liquids, give location of tanks. Unit <u>Water Injection Well</u> , Sec. <u>    </u> , Twp. <u>    </u> , Rge. <u>    </u> | Is gas actually connected? <u>    </u> When <u>    </u>                  |

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 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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells 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 conditions.

Separate Forms C-104 must be filed for each pool in multiphase completed wells.