. STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Signature)

(Title)

(Date)

Chief Production Clerk

9-1-88

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DISTRIBUTION			
SANTA FE		V	
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V.1.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR		V	
PROMATION OFFICE			

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

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SEP 08 '88

REQUEST FOR ALLOWABLE AND

O. C. D.

ARTESIA, OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator DEKALB Energy Company 800 Central, Odessa, Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Corporate Name Change Dry Gas 011 Recompletion Casinghead Gas Condensate Change in Ownership If change of ownership give name 800 Central, Odessa, Texas 79761 and address of previous owner_ II. DESCRIPTION OF WELL AND LEASE Kind of Lease Well No. Pool Name, Including Formation Lease No. State, Federal or Fee Artesia Queen Grayburg SA Artesia Unit Location Flynn, Welch & Yates old records give location as SW of SW of SW of Sec 3 2 Feel From The _____ Line and ____ SC __ Feet From The _____ Unit Letter . NMPM. Township Eddy Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addition (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas ___ When is gas actually connected? Rge. Twp. Unit If well produces oil or liquids, Water Injection Well! give location of lanks. If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE 7 1989 I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED. been complied with and that the information given is true and complete to the best of Original Signed By my knowledge and belief. 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 deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of ownwell name or number, or transporter, or other such change of condition Separate Forms C-104 must be filled for each pool in multip

completed wells.