## STATE OF NEW MEXICO Y AND MINERALS DEPARTMENT

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DISTRIBUTION BANTA FE	Ρ.	RVATION DIV 0. 80x 2088 NEW MEXICO 87		Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1
TRANSPORTER OIL BAS OPERATOR V PROMATION OFFICE	REQUES	ST FOR ALLOWABLE AND RANSPORT OIL AND	O. C. D. ARTESIA OFFIC	
DEKALB Energy Company				
800 Central, Odessa, Reston(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name	Change in Transporter of: Dil Casinghead Cas	Dry Gas Col Condensate	(Please explain) cporate Name Change	
and address of previous owner	EASE	800 Central, Odes	ssa, Texas 79761	
well No. Pool Nome, Including Formation		Kind of Lease	Lease No.	
Dunn B	13 Artesia Qu	ueen Grayburg SA	State, Federal or Fee Fed	leral NM 54184
Location <u>A</u> 660 Unit Letter <u>10</u> Townsh	/ eet / fom the	28	Feet From The	County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NAT	TURAL GAS	Idress to which approved copy of th	lis form is to be sent)
Name of Authorized Transporter of Casing)	head Gas 📄 🛛 or Dry Gas (	Address (Give ad	ldress to which approved copy of th	us form is to be sent)
If well produces oil or liquids, Un give location of tanks. Wat	ter Injection Well	lge. Is gas actually c	onnecied? When	
If this production is commingled with the	hat from any other lease or	r pool, give comminglin	g order numbers Pos	TID-3
NOTE: Complete Parts IV and V or	n reverse side if necessary	ł.		3-10-89
		11		andlig op.
VI. CERTIFICATE OF COMEDUTED				
I hereby certify that the rules and regulations i been complied with and that the information gi my knowledge and belief.	best of ByOrig	MAR 7 1988 Inal Signed By		
		TITLE	Aike Williams	
110		This for	n is to be filed in compliance	with out F 1104
K.L. lenne	R. L. Denney	If this is	a request for allowable for a m	why drilled or deepens
Chief Production Cle	•	tests taken o	m must be accompanied by a ta n the well in accordance with	Dulation of the deviation AULE 111.
(Tule)	<u> </u>		ons of this form must be filled and recompleted wells.	out completely for allow
9-1-88		_ Fill out	only Sections I. II. III. and V	I for changes of owne.
(Date)	well name or	number, or transporter, or other a Forma C-104 must be filed fo	such change of condition	
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