. STATE OF NEW MEXICO

9-1-88

(Date)

P. O. BO U.S.G.S. LAND OFFICE TRANSPORTER OIL OPERATOR AI	MEXICO 87501
1.	ARTESIA, OFFICE
Operator	
DEKALB Energy Company V	
800 Central, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Vell Change in Transporter of:	Corporate Name Change
Change in Ownership Casinghed Gas Ca	indensale
If change of ownership give name and address of previous owner	entral, Odessa, Texas 79761
II. DESCRIPTION OF WELL AND LEASE	•
Lease Name Well No. Pool Name, including F	· · · · · · · · · · · · · · · · · · ·
State 647 AC 711 100 Artesia Queen	Grayburg SA Stole, Federal or Fee State 64
Location	
Unit Letter A : 330 Feet From The North Lin	e and 990 Feet From The East
Line of Section 27 Township 18 Range	28 NMPM, Eddy Co.
Line of Section Township to Range	, NMFM, Dady
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	. GAS
Name of Authorized Transporter of Off State or Condensate	Addiess (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175. Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas Q or Dry Gas	
Phillips Petroleum Company Unit Sec. Twp. Rge.	4001 Penbrook, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Yes July, 1966
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.	114 xp .
ATT CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	MAR 7 1989
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.	BY
	Wike Additions
	TITLE
21 $%$	This form is to be filed in compliance with RULE 1104.
	11
R. L. Denney	If this is a request for allowable for a newly drilled or dee
(Signature) Chief Production Clerk	If this is a request for allowable for a newly drilled or dee well, this form must be accompanied by a tabulation of the devices taken on the well in accordance with AULE 111.

> Lease No. 647

> > County

wly drilled or deepen ulation of the deviati ULE 111.

ut completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owns well name or number, or transporter, or other such change of condition

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