STATE OF NEW MEXICO	MENT						Form C-104		
OIL CONSERVATION DIVISION							Revised 10.01.78 Format 06:01:43 RECEIVED		
U.8.0.4.		SANTA	FE, NE	MEXI	CO 87501				
TRANSPORTER OIL // REQUEST FOR ALLOWABLE							SEP 08 '88		
AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I.								O. C. D. ARTESIA, OFFICE	
Opereiler DEKALB Energy Co									
Address	mputty	<u> </u>		·					
800 Central, Ode		79761							
Reason(s) for filing (Check proper box) Other (Please explain)						e esplainj			
New Vell	Corporate Name Cha								
Recompletion		inghead Gas	8	Condensate					
Change in Ownership					L	·····			
If change of ownership give nar and address of previous owner_	DEP	<u>CO. Inc</u>	, 800	Central	, Odessa,	Texas 79761			
II. DESCRIPTION OF WELL	AND LEASE								
Lesse Name Well No. Pool Name, Including F				nollon		Kind of Lease	_	Leose No.	
State 647 AC	711 90	Artesi	a Queen	Graybu	g SA	State, Federal or I	••• State	647	
Location Unit Letter D;	330 Feet Fr	om The	North_L	ne and	330	Feet From The	West		
Line of Section 34	Township 1		Range	28	, NMPI	. Eddy		County	
	N'SDORTER OF	OT AND		LGAS					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL				Asd:ess	Address (Give address to which approved copy of this form is to be sent)				
Navajo Refining Company Narre of Authorized Transporter of Cosinghead Gas (2) or Dry Gas				P.O Address	P.O. Box 175, Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be seni)				
Phillips Petroleum Company					4001 Penbrook, Odessa, Texas 79760				
If well produces oil or liquide,	Unit	1	. Rge. 18 28		ctually connec 88	•	July, 1966		
give location of tanks.	F						POST =	$\overline{\tau} \wedge \overline{\cdot} 3$	
If this production is commingle	d with that from a	iny other l	esse or pool	, Kive cou	mingring ora		<u> </u>	0-89	
NOTE: Complete Parts IV		side if ne	cessary.			CONSERVATIO		gop.	
VI. CERTIFICATE OF COM							89		
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.				C APPF	ROVED	Original Signed	By	. 19	
				TITL	ε	Mike William	ns		
	n e R (Sjenatwe)	<u>L. Der</u>	nney	- 1 well, tests	f this is a re this form mu taken on the	to be filed in com quest for sllowabl ast be accompanie well in accordan	le for a newly dril d by a tabulation ace with AULE 1	lied or deepen of the deviati 11.	
Chief Production	(Title)			able	on new and i	of this form must h recompleted wells.	•		
9-1-8	8 (Dale)			well (Fill out only name or numb	Sections I, II, II ber, or transporter, (II, and VI for chi or other such char	inges of own ige of conditi	

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

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