## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT Form C-104 Revised 10-01-78 RECEIVE Format 06-01-83 DISTRIBUTION OIL CONSERVATION DIVISION SANTA FE P. O. BOX 2088 FILE SANTA FE, NEW MEXICO 87501 U.S.G.S. LAND DFFICE SEP 08 '88 OIL v TRANSPORTER GAS 4 REQUEST FOR ALLOWABLE O. C. D. OPERATOR AND PROMATION OFFICE ARTESIA, OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator DEKALB Energy Company Address 800 Central, Odessa, Texas 79761 Reason(s) for filing (Check proper box) Other (Please explain) New Vell Change in Transporter of: Corporate Name Change 011 Dry Cos Recompletion Casinghead Gas Condensate Chonge in Ownership If change of ownership give name 800 Central, Odessa, Texas 79761 DEPCO. Inc. . and address of previous owner. **II. DESCRIPTION OF WELL AND LEASE** Well No. Pool Name, Including Formation Kind of Lease Leose No. Legae Name State, Federal or Fee State 200 647 Artesia Queen Grayburg SA State 647 711 Location 660 South\_\_Line and \_\_\_ 330 West Μ Feet From The Feet From The Unit Letter 28 23 18 Eddy Range . NMPM. County Line of Section Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Asdions (Give address to which approved copy of this form is to be seni) Nome of Authorized Transporter of Oil or Condensate P.O. Box 175, Artesia, New Mexico 88210 Navajo Refining Company Address (Give address to which approved copy of this form is to be sent) or Dry Gas Name of Authorized Transporter of Casinghead Gas V 4001 Penbrook, Odessa, Texas 79760 Phillips Petroleum Company Rge. Is gas actually connected? When Sec. Twp. Unit If well produces oil or liquids, F July, 1966 give location of tanks. 18 28 27 Yes If this production is commingled with that from any other lease or pool, give commingling order number: 1-Bergerty NOTE: Complete Parts IV and V on reverse side if necessary. 114236 OIL CONSERVATION DIVISION VI. CERTIFICATE OF COMPLIANCE MAR 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 Criginal Signed By my knowledge and belief. BY. Mike Williams TITLE \_ This form is to be filed in compliance with RULE 1104. Denney If this is a request for allowable for a newly drilled or deepond well, this form must be accompanied by a tabulation of the deviation (Signature) tests taken on the well in accordance with AULE 111. Chief Production Clerk All sections of this form must be filled out completely for allo-(Tule) able on new and recompleted wells. 9 - 1 - 88Fill out only Sections I, II, III, and VI for changes of owne well name or number, or transporter, or other such change of conditic (Date)

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

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