STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			<u> </u>
SANTA FE			7
PILE		7	
V.1.0.4,			
LAND OFFICE			
TRANSPORTER	OIL		7
	GAB		
OPERATOR			
PRORATION OFFICE			
			-

RECEIVED OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

SEP 08 '88

Form C-104 Revised 10-01-78 Format 06-01-83

Page 1

OPERATOR 1/		REQUEST FO	OR ALLOWABLE	O. C. D.		
PROPATION OFFICE			AND	APTESIA OFFICE		
,	AUTHOR	IZATION TO TRANS	SPORT OIL AND NATU	RAL GAS		
Operator						
DEKALB Energy	Company					
Address						
900 Combrel 0	dogoo Tosso	707(1				
800 Central, 0		79761				
Reason(s) for filing (Check proj		_	Other (Please	e explain)		
Mem Aeli	Cyconge in	Transporter of:				
Recompletion	L OII	:	Corpora	ate Name Change	!	
Change in Ownership	Castr	nghead Gas 🔃 C	Condensate		•	
						
I change of ownership give n	ame	10 T 000	0	m 707/1		
and address of previous owne	rDEPC	0. Inc. 800 (<u>Central, Odessa,</u>	Texas /9/61		
I. DESCRIPTION OF WEL						
Lease Name	Well No.	Pool Name, including f	Formation	Kind of Lease		Lease No.
State 648	AC 811 73	Artesia Queen	Gravburg SA	State, Federal or Fee	State	648
Location						-1
В	330	- North	1650		E 4:	
Unit Letter:_	Feet Fro	m The North Li	ne andTOJU	Feel From The	East	
10	1	0	0.0			
Line of Section 10	Township 1	9 Range	28 , NMPN	. Eddy		County
III. DESIGNATION OF TR	ANSPORTER OF	OIL AND NATURA	L GAS			
Name of Authorized Transporter	of Oil Or C	ondensate 🔲	Andioss (Give address	to which approved copy	of this form is t	o be sentj
Name of Authorized Transporter	of Casinahead Gas	or Dry Gos	Address (Give address	to which approved conv	of this form is a	0 44 44941
Muna of Admontage from poster		<u>, </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	io anien approved copy	0) titta joint 13 t	o de senty
					·	
If well produces oil or liquids,	Unit Sec	. Twp. Rge.	is gas actually connect	ed? When	0	
give location of tanks.	Temporarily A	bandoned	1	!	TOST	エム・ろ
I this production is comming		•	rive communating ards	e number		_
if this production is comming	ten with that hom an	ly other result or poor,	, give committeeing orde	- II (III)	3-10 Chg	3-89
NOTE: Complete Parts IV	' and V on reverse s	ide if necessary.			Cha	ap.
	. <u> </u>		11		υ	- //
VI. CERTIFICATE OF COM	IPLIANCE		OIL C	CONSERVATION (DIVISION	
, , , , , , , , , , , , , , , , , , , ,				MAR 7 19		
I hereby certify that the rules and	regulations of the Oil C	onservation Division have	APPROVED	11/111		19
been complied with and that the in	formation given is true a	nd complete to the best of	f (المستعددة المستعددة	D	
my knowledge and belief.			BY	Original Signed	БУ	
			1	Mike Williams		
			TITLE			
21()			This form is to	be filed in complia		
* L Klenn	e/ R	L. Denney	11			
	(Signature)		well, this form mus	uest for allowable for the accompanied by	a tabulation o	ed of deepened f the deviation
Chiof Broduct	ion Clork		tests taken on the	well to accordance	with AULE 11	i the deviation
Chief Product:	(Tule)		11	this form must be fi		
	•		able on new and re	completed wells.		
9-1-88 Fill out only Sections I, II, III, and VI for changes (Date) Well name or number, or transporter, or other such change of				iges of owner.		
	well name or number, or transporter, or other such change of condition.					
			Separate Form	s C-104 must be fil	ed for each po	ol in multiply
			Il completed wells.			