| STATE OF NEW MEXICO | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------|----------------------------------------|-----------------|--|
| NERGY AND MINERALS DEPARTMENT | | | | | PF | CEIVED | | | |
| | | | | | | CEIVED | Form C-104 Revised 10-01 | . 74 | |
| DISTRIBUTION | | | | | | | Format 06-01- | - | |
| 144TA / E | OIL CONSERVATION DIVISION | | | | | | Page 1 | | |
| FILE | P. O. BOX 2088 | | | | | P 08 '88 | | • | |
| U.S.O.A. | SANTA FE, NEW MEXICO | | | | | | | | |
| LAND OFFICE | | | | | C | D. C. D. | | | |
| TRANSPORTER OIL GAS | T FOR ALL | ALLOWABLE ARTESIA, OFFICE | | | | | | | |
| PERATOR / | | | AND | | • | | | | |
| | AUTHOR | IZATION TO TR | ANSPORT | OIL AND NATU | IRAL GA | S | | | |
| <u>l.</u> | | | | | | | | | |
| Operator | | | | | | | ······································ | | |
| DEKALB Energy Company | у | | | | | | | | |
| Address | | | | | | ········ | | | |
| 800 Central, <u>Odessa</u> , | Toyac | 79761 | | | | | | | |
| Reeson(s) for filing (Check proper box) | 16743 | 79701 | | Other (Pleas | e explain) | ·· | | | |
| New Vell | | | | | | | | | |
| | Change in Transporter ol; | | | Corporate Name Change | | | | | |
| Recompietion | | | | | | | | | |
| Chonge in Ownership | Cast | nghead Gas | Condense | 31 e | | | | | |
| | | | | | | | | | |
| If change of ownership give name | DEP | CO. Inc 8 | 00 Centr | al, Odessa, | Texas | 79761 | | | |
| and address of previous owner | | | <u>vv. veer</u> | | | | | | |
| IL DESCRIPTION OF WELL AND | TEASE | | | • | | | | | |
| II. DESCRIPTION OF WELL AND | Well No. | Pool Name, Inclu | | <u>مر</u> | Kind of | 1 eque | | Leose No. | |
| | | | | | | - | C + - + - | | |
| State 648 | 177 | Millman Sev | ven River | s East | 51010, 7 | oderal or Foo | State | 648 | |
| Location | | | | | | | | | |
| Unit Letter B :330 | East Fre | m The North | i ine and | 2310 | Feel 2 | rom The | East | | |
| Onit Cetter · · · | | | | | | | | · | |
| | •hip 19 |) Rang | • 28 | , NMPI | | 51 1 | | County | |
| Line of Section 28 Towns | 19 | | 20 | , 1987 F | <u>, </u> | <u>Eddy</u> | | County | |
| | | | | | | | | | |
| III. DESIGNATION OF TRANSPO | | | URAL GAS | ess (Give address | | | | | |
| Nome of Authorized Transporter of Oli | or (| Condensale 🛄 | A30: | eas (Give address | IO WAICH | approved copy | of this form is t | o be senty | |
| | | | | | | | | | |
| Name of Authorized Transporter of Casin | ighead Gae 🗌 | or Dry Cos | | ess (Give address | to which | approved copy | of this form is t | o be sent) | |
| | | | ļ | | | | | | |
| | Unit Sec | Twp. R | qe. is qu | is actually connec | Led? | When | | | |
| If well produces oil or liquids, | • | | | - | | i | | | |
| give location of tanks. Temp | orarily | Abandoned ! | | | | | | | |
| If this production is commingled with | that from a | ny other lesse or | pool. give | commingling orde | er number | " Yc | ST IL |)-3 | |
| · | | | | | | | 3-10 | .89 | |
| NOTE: Complete Parts IV and V | on reverse | side if necessary | • | | | | alia | 20. | |
| | | | I | | | | | · · · | |
| VI. CERTIFICATE OF COMPLIAN | CE | | | | | | IN SION | | |
| | <u>()</u> | | , II., | | 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. | | | | APPROVED, 19 | | | | | |
| | | | | Original Signed By | | | | | |
| By Enowiedge and benet. | | | | Mike | Willing | nie | | | |
| | | | <u></u> | TLE | | | | | |
| \sim | | | '' | | | | | | |
| 21() | | | 1 | This form is t | to be file | d in complian | nce with RULI | E 1104. | |
| A Klenna/ | <u> </u> | L. Denney | | If this is a re | quest for | allowable for | r a newly drill | ed or deepend | |
| (Signati | we) | | | 11, this form mu | at be acc | ompanied by | a tabulation o | of the deviatio | |
| Chief Production Cl | erk | | ter | its taken on the | | | | | |
| (Tule) | | | | All sections of this form must be filled out completely for allow | | | | | |
| 9-1-88 | | | | able on new and recompleted wells. | | | | | |
| (Dete) | | | | Fill out only Sections I, II, III, and VI for changes of owned well name or number, or transporter, or other such change of condition | | | | | |
| 12000 | • | | | Separate For | | | ed for each p | | |
| | | | ji co | moleted wells. | | | | | |