

RECEIVED

SEP 14 1988

OIL CON. DIV  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR

DEKALB Energy Company

Address

110 16th Street, Suite 1000, Denver, Colorado 80202

Reason(s) for filing (Check proper box)

New Well ☐

Recompletion ☐

Change in Ownership ☐

Change in Transporter of:

Oil ☐

Casinghead Gas ☐

Dry Gas ☐

Condensate ☐

Other (Please explain)

As of 9/6/88 DEPCO, Inc. will begin  
operating under the name  
DEKALB Energy Company

If change of ownership give name  
and address of previous owner DEPCO, Inc. (address - same as above)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miles Federal	Well No. 1A	Pool Name, including Formation Blanco Mesa Verde	Kind of Lease State, Federal, or Other State, Federal, or Other	Lease No. SF079162
Location Unit Letter <u>F</u> ; <u>2300</u> Feet From The <u>North</u> Line and <u>1585</u> Feet From The <u>West</u> Line of Section <u>5</u> Township <u>26N</u> Range <u>7W</u> , NMPM, <u>Rio Arriba</u> Count.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 9156, Phoenix, AZ 87068			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 5	Twp. 26N	Rge. 7W
Is gas actually connected?		When		
YES				

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations		Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET			SACKS CEMENT				

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

  
(Signature)  
District Production Superintendent  
(Title)

September 12, 1988

(Date)

OIL CONSERVATION DIVISION

MAR 06 1989

APPROVED \_\_\_\_\_, 19

BY  \_\_\_\_\_

TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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