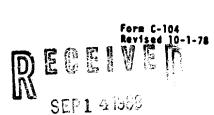
## STATE OF NEW MEXICU ENERGY AND MINERALS DEPARTMENT

HO! MAD MICHEL			4111
90. 97 COPICS SECENCE			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OiL		
	BAS		
OPERATOR			

## OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



ı.	CAND OFFICE  THANSPORTER OIL  OPERATOR  PROPATION OFFICE  TRANSPORTER OIL  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  DIST. 12							
	DEKALB Energy Com							
	Address 110 16th Street, Suite 1000, Denver, Colorado 80202							
	Reason(s) for filing (Check proper box)  Other (Please explain)							
	New Well Change in Transporter of:  Recompletion Oil Dry Gas Operating under the name Change in Ownership Casinghead Gas Condensate DEKALB Energy Company							
	If change of ownership give name and address of previous owner	DEPCO, Inc. (address	- same as above)					
u.	DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation   Kind of Lease   Lease N							
	Federal 33	11 West Kutz, Pi		Хужу Federa		SF078896		
		90 Feet From The North L	ine and	Feet From 7	me West			
	Line of Section 33 To	wnship 27N Range	11W , NMPM	, San	Juan	County		
П.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS					
	Name of Authorized Transporter of Oil			s to which approved copy of this form is to be sent)				
	Name of Authorized Transporter of Ca		P.O. Box 26400			•		
	Gas Company of New Mex	Unit Sec. Twp. Ree.	1s gas actually connect			23		
	If this production is commingled wi	th that from any other lease or pool	4	number:				
<b>'V.</b>	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same R	es'v. Diff. Res'		
	Designate Type of Completic	On - (X) Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.			
		Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth			
	Elevations (DF, RKB, RT, GR, etc.)	Total (DT, ARB, AT, OR, SEE,)				Depth Casing Shoe		
	Perforations				Depth Casing snoe			
		TUBING, CASING, AN	NG, AND CEMENTING RECORD		SACKS CEMENT			
	HOLE SIZE	CASING & LOGING SIZZ						
						<del></del>		
	TEST DATA AND REQUEST FOR ALLOWABLE  (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 Bun To Tanks   Date of Test   Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Fiber	, pamp, gas up				
	Length of Test	Tubing Pressure	Cosing Pressure	•	Choke Size			
ı	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas - MCF			
١	OAC WELL				mas madification and a second			
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensat	•		
}	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size			
:. (	CERTIFICATE OF COMPLIANC	CE	OIL CO	MAR 06	ON DIVISION			
I	hereby certify that the rules and receiving hours been complied with	egulations of the Oil Conservation	APPROVED 3	(A) G		, 19		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			SUPERVISION DISTRICT # 3					
		•	TITLE		<del></del>	E 1104.		
Hu Nalil			This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despense					
-	District Production Su	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sections of this form must be filled out completely for allow						
	September 12, 1988	le)	able on new and rec	able 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				
_	Jeptember 12, 1500		well name or number	or transports	r, or other such chan	ge of condition		

(Date)

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