

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Permit to Drill

Budget Bureau No. 1004-135  
Expires August 31, 1985

458

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	2. NAME OF OPERATOR DEKALB Energy Company	3. ADDRESS OF OPERATOR 1625 Broadway Denver, CO 80202	4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface G-1980'GNL, 1980'FEL SW NE	5. LEASE DESIGNATION AND SERIAL NO. NM 21493	6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	7. UNIT AGREEMENT NAME --	8. FARM OR LEASE NAME Vance Federal A	9. WELL NO. 1	10. FIELD AND POOL OR WILDCAT Pecos Slopes Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T7S-R26E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO. API 30-005-61509	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3768'GR											

91 JUN 19 PM 2:37

OLB FARMINGTON, N.M.

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O. C. D.  
ARTESIA OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Gas Analysis</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.\*

The Vance Federal A No. 1 well has no H<sub>2</sub>S concentration.

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18. I hereby certify that the foregoing is true and correct

SIGNED P. L. Shover TITLE District Superintendent DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE  
OCT 29 1991  
BUREAU OF LAND MANAGEMENT  
ROSWELL RESOURCE AREA

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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SEP 08 '88

Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
DEKALB Energy Company

Address  
800 Central, Odessa, Texas 79761

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other (Please explain)  
Corporate Name Change

If change of ownership give name and address of previous owner  
DEPCO, Inc., 800 Central, Odessa, Texas 79761

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vance A Federal	Well No. 1	Pool Name, including Formation Pecos Slopes ABO	Kind of Lease State, Federal or Fee Federal	Lease No. NM 21493
Location Unit Letter <u>G</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>7-S</u> Range <u>26-E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Ste 614, 1st Nat'l Bank, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>G</u> Sec. <u>34</u> Twp. <u>7</u> Rge. <u>26</u>	Yes 12-15-82 <u>POST ID3</u>

If this production is commingled with that from any other lease or pool, give commingling order number: 3-10-89

NOTE: Complete Parts IV and V on reverse side if necessary.

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 is true and complete to the best of my knowledge and belief.

R L Denney R. L. Denney  
(Signature)  
Chief Production Clerk  
(Title)  
9-1-88  
(Date)

OIL CONSERVATION DIVISION

MAR 7 1989

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

BY Original Signed By  
Mike Williams

TITLE \_\_\_\_\_

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.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.