

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Replaces 06-01-63
Page 1

SEP 08 '88

C. C. D.
ARTESIA, OFFICE

I.

Operator DEKALB Energy Company	
Address 800 Central, Odessa, Texas 79761	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well	Corporate Name Change
<input type="checkbox"/> Recompletion	
<input type="checkbox"/> Change in Ownership	
Change in Transporter of:	
<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

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 Rose Federal Com.	Well No. 12	Pool Name, including Formation Pecos Slopes ABO	Kind of Lease State, Federal or Fee Federal	Lease No. NM 36408
Location				
Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>21</u> Township <u>5-S</u> Range <u>25-E</u> , NMPM, <u>Chaves</u> 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.	Unit	Sec.	Twp.	Rge.
	C	21	5	25
Is gas actually connected?	When			
Yes	7-27-83			

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

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

APPROVED MAR 7 1989, 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 deeper well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.

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

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

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