

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 06-01-83  
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)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate 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 Rose Federal	Well No. 5	Pool Name, including Formation Pecos Slopes ABO	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. NM 36408
Location				
Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u>				
Line of Section <u>18</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.	Is gas actually connected? When
Unit <u>M</u> , Sec. <u>18</u> , Twp. <u>5</u> , Rge. <u>25</u>	Yes <u>5-9-83</u>

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

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 deepen 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.