

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF079162
2. NAME OF OPERATOR DEKALB Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 1625 Broadway, Denver, Co 80202		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 990' FEL (NE/4 NE/4)		8. FARM OR LEASE NAME MKL
14. PERMIT NO. NA		9. WELL NO. 15
15. ELEVATIONS (Show whether DP, WT, GR, etc.) 6637' GR		10. FIELD AND POOL, OR WILDCAT So. Blanco P.C.
		11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA Sec. 5, T26N-R7W
		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Continue Shut-in Status <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.) \*

Reference is made to your letter of April 10, 1990 concerning the shut-in gas well, MKL No. 15.

Recently, DEKALB Energy Company has settled the contractual dispute with the gas buyer, El Paso Natural Gas, and it appears we can now sell gas from the MKL No. 15 well on the spot market after it has been recompleted.

We are presently making plans to recomplete the MKL No. 15 well in the Pictured Cliffs formation and return it to production. We will submit this plan on Form 9-331, Sundry Notice for your approval, and request at this time that you approve our extension of your previous shut-in approval until these plans can be completed.

RECEIVED

APR 30 1990

THIS APPROVAL EXPIRES

DEC 01 1990 CON. DIV.  
DIST. 3

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

SIGNED Phil J. Nylce

TITLE District Superintendent

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE April 17, 1990

DATE

APR 26 1990

AREA MANAGER  
FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side