

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-03523
2. NAME OF OPERATOR DEKALB Energy Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 1625 Broadway Denver, Colorado 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, 1650' FWL (NE $\frac{1}{4}$ NW $\frac{1}{4}$ )	8. FARM OR LEASE NAME Federal 31
	9. WELL NO. 21
	10. FIELD AND POOL, OR WILDCAT West Kutz P.C.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 31 T27N-R11W
14. PERMIT NO. API #30-045-24964	12. COUNTY OR PARISH 13. STATE San Juan NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6073' GR 6085' KB	

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) <input type="checkbox"/>	
(Other) Long Term Shut In Status <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.)\*

DEKALB Energy Company is requesting permission to put the above mentioned Federal 31 No. 21 well on Long Term Shut In Status, waiting on gathering system hook-up.

RECEIVED  
JUL 2 1992

OIL CORP.  
DIST. 3

THIS APPROVAL EXPIRES JUL 08 1993

RECEIVED  
BLM  
92 JUL 13 PM 12:57  
OIS FARMINGTON, N.M.

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

SIGNED Al Flower TITLE District Operations Manager DATE July 8, 1992

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUL 17 1992

CONDITIONS OF APPROVAL, IF ANY:

MAJ000

APPROVED  
JUL 17 1992  
AREA MANAGER

\*See Instructions on Reverse Side