

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 1075' FEL 1600' FSL (NE $\frac{1}{4}$ SE $\frac{1}{4}$)	8. FARM OR LEASE NAME Federal 31
	9. WELL NO. 43
	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 # 30-045-24965	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6121' GR
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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. 43 well on Long Term Shut-In Status, waiting on gathering system hook-up.

RECEIVED
JUL 13 1992

OIL CON. DIV
DIST. 3

THIS APPROVAL EXPIRES JUL 08, 1993

RECEIVED
BLM
JUL 13 1992 11:12:57
DISTRIBUTION, 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 _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE JUL 17 1992
Area Manager
APPROVED

NMOCD

*See Instructions on Reverse Side