

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
SF 078896

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal 30

9. WELL NO.
41

10. FIELD AND POOL, OR WILDCAT
West Kutz P.C.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 29, T27N-R11W

12. COUNTY OR PARISH 13. STATE
San Juan NM

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR
DEKALB Energy Company

3. ADDRESS OF OPERATOR
1625 Broadway Denver, CO 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1120 FNL 790 FEL NE/4
1630 FSL, 1800 FWL (NE/4 SW/4)

14. PERMIT NO.
API 30-045-24769

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6183' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Gas Analysis ☒

(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.) *

The Federal 30-41 well has no H₂S concentration.

ACCEPTED FOR RECORD

OCT 15 1991

FARMINGTON RESOURCE AREA
BY W. B. Blanton

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

SIGNED A. J. Flanagan

TITLE District Superintendent

DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCD COPY

*See Instructions on Reverse Side