

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

NM Oil Conservation Division
Other Instruction
re

Form approved
Budget Bureau No. 1004-10
Expires August 31, 1995
dSF

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 ☐ 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
0-660'FSL, 1980'FEL SW SE

5. ELEVATIONS (Show whether OF, RT, GR, etc.)
3964.45'GR

6. LEASE DESIGNATION AND SERIAL
NM 0477614

7. IF INDIAN, ALLOTTEE OR TRIBE NAME

8. UNIT AGREEMENT NAME

9. FARM OR LEASE NAME
Midwest Federal

10. WELL NO.
1

11. FIELD AND POOL OR WILDCAT
Wildcat

12. SEC., T., R., M., OR BLM. AND SURVEY OR AREA
Sec. 23, T10S-R29E

13. COUNTY OR PARISH
Chaves

14. 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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	REPAIRING WELL	☐
ABANDON	☐	ABANDONMENT	☐
CHANGE PLANS	☐	Gas Analysis	☒

17. EXCISE PROPOSED OR COMPLETED OPERATIONS. Give pertinent details and give pertinent dates, including estimated date of starting and 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.

NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

The Midwest Federal No. 1 well has no H₂S concentration.

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

SIGNED LL Flower TITLE District Superintendent DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE PETER W. CHRIST

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side