

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

NEED TO SUBMIT IN TRI
(Other Instructions)
Bureau 1001

MISSION

Form approved.
Bureau Form No. 1004
Expires August 31, 1988
5. LEASE DESIGNATION AND SERIAL

25F

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
1980'FNL, 1980'FEL SW NE
14. PERMIT NO
API 30-005-60464
15. ELEVATIONS (Show whether DF, ST, GR, etc.)
3948.2 GR

NM 0477614
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Midwest Federal
9. WELL NO.
2
10. FIELD AND POOL OR WILDCAT
Morrow Sand Ranch
11. SEC., T., R., M., OR BLK. AND
SUBVY OR AREA
Sec. 23, T10S-R29E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PUMP OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
Other: _____

SUBSEQUENT REPORT OF:

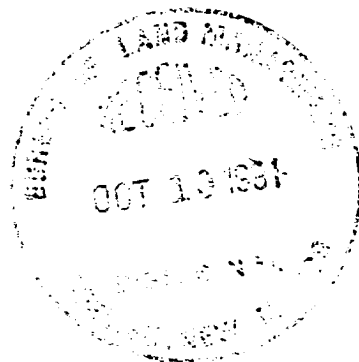
WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
Other: Gas Analysis X

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include state and permit 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 Midwest Federal No. 2 well has no H₂S concentration.

ILLEGIBLE



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

SIGNED AL Flawen

TITLE District Superintendent

DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

OCT 20 1991