Form 3160-5
November 1983
(Formerly 9-331)

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

(Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: NM 12269 SRM 1434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: --

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 X OTHER

7. UNIT AGREEMENT NAME: --

2. NAME OF OPERATOR: DEKALB Energy Company

8. FARM OR LEASE NAME: Exxon Federal Com

3. ADDRESS OF OPERATOR: 1625 Broadway Denver, CO 80202

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: UL "E", 1980'FNL, 660'FWL SW NW

10. FIELD AND POOL, OR WILDCAT: Sand Ranch Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 24, T10S-R29E

14. PERMIT NO.: API 30-005-60552

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3983.5' GR

12. COUNTY OR PARISH: Chaves 13. STATE: NM

RECEIVED
OCT 30 1991
O. C. D.
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) Gas Analysis	X
(Other)		(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 Exxon Federal Com No. 1 well has no H_2S concentration.

Oct 11 4 18 PM '91

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

SIGNED L L Hoover II TITLE District Superintendent DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER
OCT 29 1991
BUREAU OF LAND MANAGEMENT

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.