

Form 100-5
November 1983
(Formerly 9-301)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Artesia, NM 88210

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-1-33
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 ☐ GAS ☒ WELL ☒ OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 36408	
2. NAME OF OPERATOR DEKALB Energy Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR 1625 Broadway Denver, CO 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 M-660'FSL, 660'FWL SW SW		8. FARM OR LEASE NAME Rose Federal	
14. PERMIT NO. API 30-005-61768		9. WELL NO. 5	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3911'GR		10. FIELD AND POOL OR WILDCAT Pecos Slopes Abo	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T5S-R25E	
		12. COUNTY OR PARISH Chaves	
		13. STATE NM	

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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 COMPLETION	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	OTHER: Gas Analysis	X

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

17. (If proposed or completed operations clearly state all 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.)

The Rose Federal No. 5 well has no H₂S concentration.

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

SIGNED AL Hansen

TITLE District Superintendent

DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

DATE

PETER W. CHISLER
OCT 23 1991

*See Instructions on Reverse Side

TR. SOUTHERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPCO INC STATION NO. 2130-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABO LAB NUMBER 7
STATION NAME ROSE FEDERAL #5

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0688	PROPANE	27.514	.5668
CARBON DIOXIDE	1.5195	.0002	ISOBUTANE	32.698	.1243
HELIUM	.1382		N-BUTANE	31.510	.2269
OXYGEN	1.1048	.0000	LPG		.9175
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0805
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0833
			HEXANES	41.111	.0452
			HEPTANES+	46.126	.0461
METHANE	.5539	.0451	NATURAL GASOLINE		.2551
ETHANE	1.0382	.0477			
PROPANE	1.5225	.0206	TOTAL LIQUEFIABLE GPM		1.1730
ISOBUTANE	2.0068	.0038			
N-BUTANE	2.0068	.0072	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0022	GAS MIXTURE STATIC PSIG		125.0
N-PENTANE	2.4911	.0023	FLOWING GAS TEMP (F)		54.0
HEXANES	2.9753	.0011	WATER VAPOR DEW POINT (F)		53.0
HEPTANES+	3.5307	.0010	LESS WATER VAPOR / MMCF		73.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TWO)		NO
			INSTRUMENT TYPE		RAN
			MOL FRACTION		.0015

MIXTURE SPECIFIC GRAVITY
CALC. FROM ANAL. (REAL) .657
DETERMINED BY TEST INST. .654
(VERIFIED 1-15-87)
MIXTURE HEATING VALUE
(BTU/CF @ 14.73 PSIA, 60F, SAT.)
CALCULATED FROM ANALYSIS 1041

SULFUR CONTENT (GR. PER 100 CF)
HYDROGEN SULFIDE
MERCAPTANS
SULFIDES
RESIDUALS
TOTAL SULFUR
MOLE FRACT H2S

BY CALORIMETRY NONE COMPRESSIBILITY (Z) .9975

PR: 09:35 FEB 5, 1987

ANALYST

J M Applegate
J M APPLEGATE

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