

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

Budget Bureau No. 1004-1-35
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 15289

RNM 118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Benedict Federal Com.

9. WELL NO.

1

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 13. STATE

Chaves

NM

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

C-660'FNL, 1980'FWL NE SW

14. PERMIT NO.

API 30-005-61800

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

3914'GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

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

Notes: 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 Benedict Federal Com. No. 1 well has no H₂S concentration.

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

SIGNED

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

file

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PRODUCER	DEPOO INC	STATION NO.	2122-1
FIELD	PECOOS SLOPE	EFFECTIVE DATE	6/17/86
RESERVOIR	ABO	LAB NUMBER	4
STATION NAME	BENEDICT #1		

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0681	PROPANE	27.514	.5145
CARBON DIOXIDE	1.5195	.0003	ISOBUTANE	32.698	.1046
HELIUM	.1382		N-BUTANE	31.510	.2080
OXYGEN	1.1048	.0000	LPG		.9271
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0768
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0797
			HEXANES	41.111	.0822
			HEPTANES+	46.126	.0794
METHANE	.5539	.3510	NATURAL GASOLINE		.3171
ETHANE	1.0382	.0441			
PROPANE	1.5225	.0187	TOTAL LIQUEFIABLE GPM		1.1442
ISOBUTANE	2.0068	.0032			
N-BUTANE	2.0068	.0066	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0021	GAS MIXTURE STATIC PSIG		70.0
N-PENTANE	2.4911	.0022	FLOWING GAS TEMP (F)		74.0
HEXANES	2.9753	.0020	WATER VAPOR DEW POINT (F)		57.0
HEPTANES+	3.5207	.0017	LBS WATER VAPOR / MMCF		135.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TWD)		NO
			INSTRUMENT TYPE		PAN
			MOL FRACTION		.0023
MIXTURE SPECIFIC GRAVITY					
CALC. FROM ANAL. (REAL)		.656	SULFUR CONTENT (GR. PER 100 CF)		
DETERMINED BY TEST INST.		.656	HYDROGEN SULFIDE		
INST. VERIFIED		JUNE	MERCAPTANS		
MIXTURE HEATING VALUE			SULFIDES		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			RESIDUALS		
CALCULATED FROM ANALYSIS		1039	TOTAL SULFUR		
			MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PR: 13:12 JUN 19, 1986

ANALYST Wm. J. [unclear] ----- [TW]

'OTOM, PA Car No. 2-2887 Prod: Car No. 2-2888 Box of 10 pads.