

Form 1140-5
November 1984
Formerly 1140-1

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

Form approved.
Budget Bureau No. 1004-0000
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM 36408

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 ☒ 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
K-1980'FSL, 1980'FWL NE SW

14. PERMIT NO
API 30-005-61927

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3868'GR

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Rose Federal

WELL NO.

6

FIELD AND POOL OR WILDCAT

Pecos Slopes Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 19, T5S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves

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

PUMP OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREAT

MULTIPLE COMPLETES

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

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 (Give essential 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 Rose Federal No. 6 well has no H₂S concentration.

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

SIGNED

St. Hower

TITLE District Superintendent

DATE

6/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 20 1991

*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT
ARIZONA

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPOD INC STATION NO. 2132-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABQ LAB NUMBER 7
STATION NAME ROSE FEDERAL #6 + 3, 4, 7

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0711	PROPANE	27.514	.5613
CARBON DIOXIDE	1.5195	.0003	ISOBUTANE	32.698	.1112
HELIUM	.1382		N-BUTANE	31.510	.2206
OXYGEN	1.1048	.0000	LPG		.8930
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0805
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0869
			HEXANES	41.111	.0493
			HEPTANES+	46.126	.0277
METHANE	.5539	.8426	NATURAL GASOLINE		.2444
ETHANE	1.0382	.0468			
PROPANE	1.5225	.0204	TOTAL LIQUEFIABLE GPM		1.1374
ISOBUTANE	2.0068	.0034			
N-BUTANE	2.0068	.0070	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0022	GAS MIXTURE STATIC PSIG		120.0
N-PENTANE	2.4911	.0024	FLOWING GAS TEMP (F)		48.0
HEXANES	2.3753	.0012	WATER VAPOR DEW POINT (F)		48.0
HEPTANES+	3.5807	.0006	LESS WATER VAPOR / MMCF		60.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TWO)		NO
			INSTRUMENT TYPE		RAM
			MOL FRACTION		.0013
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.657	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.654	MERCAPTANS		
(VERIFIED 1-15-87)			SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1027	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PR: 10:02 FEB 5, 1987

ANALYST *JM Applegate* [TW]
J M APPLEGATE

REMARKS: CPD