NM Oil Cons. Commission
Drawer DD
Artesia, NM 88210

c|SF

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

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.
NM 36408

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

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

8. FARM OR LEASE NAME
Rose Federal

3. ADDRESS OF OPERATOR
1625 Broadway Denver, CO 80202

9. WELL NO.
7

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT
Pecos Slopes Abo

I-1980'FSL, 660'FEL, NE SE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T5S-R25E

14. PERMIT NO.
API 30-005-61928

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3840'GR

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:		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 Rose Federal No. 7 well has no H_2S concentration.

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

SIGNED R L Flowers II TITLE District Superintedent DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

OCT 29 1991

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

*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

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

****
GAS QUALITY TEST REPORT
****

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

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION
NITROGEN	.9672	.0711
CARBON DIOXIDE	1.5195	.0003
HELIUM	.1382	
OXYGEN	1.1048	.0000
HYDROGEN SULFIDE	1.1766	.0000
WATER VAPOR	.6220	.0000
METHANE	.5539	.8426
ETHANE	1.0382	.0468
PROPANE	1.5225	.0204
ISOBUTANE	2.0068	.0034
N-BUTANE	2.0068	.0070
ISOPENTANE	2.4911	.0022
N-PENTANE	2.4911	.0024
HEXANES	2.9753	.0012
HEPTANES+	3.5807	.0006
COMPOSITION----------		1.0000

LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
PROPANE	27.514	.5613
ISOBUTANE	32.698	.1112
N-BUTANE	31.510	.2206
LPG_____		.8930
ISOPENTANE	36.582	.0805
N-PENTANE	36.213	.0369
HEXANES	41.111	.0493
HEPTANES+	46.126	.0277
NATURAL GASOLINE_		.2444
TOTAL LIQUEFIABLE GPM__		1.1374

WATER VAPOR CONTENT:	
GAS MIXTURE STATIC PSIG	120.0
FLOWING GAS TEMP (F)	48.0
WATER VAPOR DEW POINT (F)	48.0
LBS WATER VAPOR / MMCF	60.0
DEHY INSTALLED (TW)	NO
INSTRUMENT TYPE	RAN
MOL FRACTION	.0013

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	1037
BY CALORIMETRY	NONE

SULFUR CONTENT (GR. PER 100 CF)	
HYDROGEN SULFIDE	
MERCAPTANS	
SULFIDES	
RESIDUALS	
TOTAL SULFUR	
MOLE FRACT H2S	
COMPRESSIBILITY (Z)	.9976

PR: 10:03 FEB 5, 1987

ANALYST: J M Applegate [TW]
J M APPLEGATE

REMARKS:CPD

010

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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PRORATION OFFICE			

RECEIVED
SEP 08 '88
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
DEKALB Energy Company ✓

Address
800 Central, Odessa, Texas 79761

Reason(s) for filing (Check proper box)
- ☐ New Well
- ☐ Recompletion
- ☐ Change in Ownership

Change in Transporter of:
- ☐ Oil
- ☐ Dry Gas
- ☐ Casinghead Gas
- ☐ Condensate

Other (Please explain)
Corporate Name Change

If change of ownership give name and address of previous owner DEPCO, Inc., 800 Central, Odessa, Texas 79761

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Rose Federal	7	Pecos Slopes ABO	State, Federal or Fee Federal	NM 36408

Location
Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East

Line of Section 19 Township 5-S Range 25-E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Ste 614, 1st Nat'l Bank, Odessa, Texas 79760

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	I	19	5	25	Yes	7-8-83

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: *Complete Parts IV and V on reverse side if necessary.*

Pecos ID3
3-10-89 Elg OK

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R L Denney
(Signature)
R. L. Denney

Chief Production Clerk
(Title)

9-1-88
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 7 1989, 19

BY Original Signed By Mike Williams

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of conditic

Separate Forms C-104 must be filed for each pool in multip completed wells.