

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

NM 047 Cons mission
ST. BUILT IN TRIP
Other instructions on re-
verse side

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

CSF

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, 1680'FWL NE SW	5. LEASE DESIGNATION AND SERIAL NM 36408	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	7. UNIT AGREEMENT NAME ---	8. FARM OR LEASE NAME Rose Federal	9. WELL NO. 8	10. FIELD AND POOL OR WILDCAT Pecos Slopes Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T5S-R25E	12. COUNTY OR PARISH Chaves	13. STATE NM
14. PERMIT NO. API 30-005-61936	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3821'GR											

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PLUG 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 PLANT ☐	Other: Gas Analysis	

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (For well completion details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location and measured and true vertical depths for all markers and zones pertinent to this work.)

The Rose Federal No. 8 well has no H₂S concentration.

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

SIGNED <u>LLHawen</u>	TITLE District Superintendent	DATE <u>6/6/91</u>
(This space for Federal or State office use)		PETER W. CHESTER
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL: ANY:		OCT 29 1991

*See instructions on Reverse Side

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPOD INC STATION NO. 2134-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABO LAB NUMBER 7
STATION NAME ROSE FEDERAL #8

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0743	PROPANE	27.514	.5640
CARBON DIOXIDE	1.5195	.0002	ISOBUTANE	32.698	.1210
HELIUM	.1382		N-BUTANE	31.510	.2269
OXYGEN	1.1048	.0000	LPG-----		.9119
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	.0369
METHANE	.5539	.8339	NATURAL GASOLINE		.2536
ETHANE	1.0382	.0476			
PROPANE	1.5225	.0205	TOTAL LIQUEFIABLE GPM		1.1655
ISOBUTANE	2.0068	.0037			
N-BUTANE	2.0068	.0072	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0022	GAS MIXTURE STATIC PSIG		120.0
N-PENTANE	2.4911	.0024	FLOWING GAS TEMP (F)		50.0
HEXANES	2.9753	.0012	WATER VAPOR DEW POINT (F)		49.0
HEPTANES+	3.5807	.0008	LE'S WATER VAPOR / MMCF		66.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TW)		NO
			INSTRUMENT TYPE		PAN
			MOL FRACTION		.0014
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.659	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.657	MERCAPTANS		
VERIFIED 1-15-87)			SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1035	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PR: 10:29 FEB 5, 1987

ANALYST

[Signature]
J M APPLEGATE

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