

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. OIL CONS. COMMISSION
DRAWER DD
ARTESIA, NM 88211

Budget Bureau No. 1004-1-13
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL
NM36408 / RNM 122
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.)

RECEIVED

OCT - 3 1991

O. C. D.
ARTESIA OFFICE

UNIT AGREEMENT NAME

FARM OR LEASE NAME

Rose Federal Com

WELL NO.

13

FIELD AND POOL OR WILDCAT

Pecos Slope Abo

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

Section 21, T5S-R25E

COUNTY OR PARISH STATE

Chaves

New Mexico

OIL WELL ☐ GAS WELL ☒ OTHER

NAME OF OPERATOR

DEKALB Energy Company

ADDRESS OF OPERATOR

1625 Broadway - Denver, CO 80202

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

1980' FSL & 1980' FWL (NE SW)

PERMIT NO

API 30-005-61954

ELEVATIONS (Show whether OF, RT, GR, etc.)

3795' 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) Off Lease Measurement Apprvl XX

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Fully 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.)

DEKALB Energy requests approval for off lease measurement at the Rose Federal Com #10 well. The sales point is located at the Rose Federal Com #10, NE SE Section 21, T5S-R25E.



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

SIGNED

A. J. Bowen

TITLE District Superintendent

DATE Sept. 18, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PETER W. CHESTER

OCT 1 1991

*See Instructions on Reverse Side