

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

NM 36408
NMSCHMITZ INTRIP
(Other Instruction)

Budget Bureau No. 1004-0123
Expires August 31, 1985

2151

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 DEKALE 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'ESL, 1980'FWL NE SW

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RECEIVED

OCT 20 1991

O. C. D.
ARTESIA OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 36408
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Rose Federal Com
9. WELL NO.
13
10. FIELD AND POOL OR WILDCAT
Pecos Slopes Abo
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T5S-F25E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

14. PERMIT NO. API 30-005-61954
15. ELEVATIONS (Show whether DF, 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANE ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Gas Analysis ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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. 13 well has no H₂S concentration.

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

SIGNED [Signature]

TITLE District Superintendent

DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

TR SOUTHWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPCO INC STATION NO. 2141-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABO LAB NUMBER 7
STATION NAME ROSE FEDERAL #10 + #13

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0741	PROPANE	27.514	.5365
CARBON DIOXIDE	1.5195	.0002	ISOBUTANE	32.698	.1144
HELIUM	.1382		N-BUTANE	31.510	.2237
OXYGEN	1.1048	.0000	LPG		.8747
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0841
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0905
			HEXANES	41.111	.0493
			HEPTANES+	46.126	.0369
METHANE	.5539	.8417	NATURAL GASOLINE		.2609
ETHANE	1.0382	.0471			
PROPANE	1.5225	.0195	TOTAL LIQUEFIABLE GPM		1.1356
ISOBUTANE	2.0068	.0035			
N-BUTANE	2.0068	.0071	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0023	GAS MIXTURE STATIC PSIG		125.0
N-PENTANE	2.4911	.0025	FLOWING GAS TEMP (F)		48.0
HEXANES	2.9753	.0012	WATER VAPOR DEW POINT (F)		35.0
HEPTANES+	3.5807	.0008	LBG WATER VAPOR / MMCF		36.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TW)		NO
			INSTRUMENT TYPE		RAN
			MOL FRACTION		.0008
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.658	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.656	MERCAPTANS		
OVERIFIED 1-15-87)			SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1033	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PR: 12:22 FEB 5, 1987

ANALYST

J M Applegate
J M APPLEGATE

【TW】

REMARKS: CPD