

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

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

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO NM 2365 <i>SRM 1369</i>
2. NAME OF OPERATOR DEKALB Energy Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR 1625 Broadway Denver, CO 80202	7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990'FWL, 1980'FSL NW SW	8. FARM OR LEASE NAME R&S Federal Com.
14. PERMIT NO. -API 30-005-60511	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3551'GR	10. FIELD AND POOL, OR WILDCAT Buffalo Valley Penn
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T15S-R28E
	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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Gas Analysis ☒

(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 R&S Federal Com. 1 well has no H₂S concentration.

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

SIGNED *L J J Lower*

TITLE District Superintendent

DATE 6/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

