

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Drawer DD

Artesia, NM 88210

SUBMIT IN TRIPLE DATE*
(Other instructions on reverse side)

Form approved.
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 ☐ 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

1980'FEL, 1980'FSL NW SE

14. PERMIT NO.

API 30-005-60690

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

3575.7 GR

5. LEASE DESIGNATION AND SERIAL NO.

LG 5608

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mesa State Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Diamond Mound Morrow

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

Sec. 31, 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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

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)

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 Mesa State Com 1 well has no H₂S concentration.

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

SIGNED

LL Flouren

TITLE District Superintendent

DATE

6/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED FOR RECORD
PETER W. CHESTER

OCT 29 1991

*See Instructions on Reverse Side

MOBES, NEW MEXICO

1991 APR 03 16:02:12

well file

NORTHERN NATURAL GAS COMPANY

CHROMATOGRAPHIC GAS ANALYSIS REPORT

#1127

STATION IDENTIFIER 01.554075 *****
 *
 * MESA ST. COM-1 *
 DATA CARD TYPE 08.60 * 31-15-28 57-77 Co., N.M. *
 * BTU/CF @14.735 PSIA, *
 * 60 DEGREES WET *
 DATE SAMPLE TAKEN 10.242287 * FIELD GRAVITY, 670 *
 *
 17. *****
 OVERRIDE CODE
 LABORATORY CODE 18.H

	MOL FRAC	GPM	GRAV	BTU
HELIUM	21.0000	.0000	.0000	.0000
OXYGEN	25.0000	.0000	.0000	.0000
CO2	29.0000	.0000	.0050	.0000
N2	33.0000	.0000	.0080	.0000
HYDROGEN H2	37.0000	.0000	.0000	.0000
HYDROGEN SULFIDE	41.0000	.0000	.0000	.0000
METHANE C1	45.8528	.0000	.4743	850.5000
ETHANE C2	49.0820	.0000	.0860	144.2000
PROPANE C3	53.0325	.8920	.0503	82.0100
ISO-BUTANE I-C4	57.0040	.1330	.0084	13.5000
NORM-BUTANE N-C4	61.0080	.2540	.0167	26.8100
ISO-PENTANE I-C5	65.0019	.0710	.0048	7.7340
NORM-PENTANE N-C5	69.0017	.0640	.0044	7.0460
HEXANE C6+	73.0026	.1090	.0086	13.6700
TOTALS	1.0000	1.5230	.6675	1145.4700

DISTRIBUTION LIST

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Calculated by 1140