

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Date: 8/21/89  
Artesia, NM 88210

SUBMIT IN THIS SECTION  
(Other instructions on re-verse side)

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> TA	5. LEASE DESIGNATION AND SERIAL NO. NM 14845
2. NAME OF OPERATOR DEKALB Energy Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 800 Central, Odessa, Texas 79761	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 C - 1010' FSL & 1710' FWL, Sec 33, T-17s, R-29e	8. FARM OR LEASE NAME Leonard Federal 33C
14. PERMIT NO.	9. WELL NO. e33 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT S. Empire Wolfcamp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 33, T-17s, R-29e
	12. COUNTY OR PARISH Eddy
	13. STATE NM

RECEIVED

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O. C. D.  
ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

Other: Test Casing

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) ☐  
(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.)

DEKALB Energy Company plans to test csg & BP in this well @ 150# for 15 min.

We also plan to utilize this well in the future for water flood operations in the Grayburg Jackson formation.

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JUL 6 1 20 PM '89  
OFFICE OF THE  
ARL

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

SIGNED [Signature]

TITLE Chief Production Clerk

DATE 7-5-89

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

Fdr: CHIEF, MINERAL RESOURCES  
TITLE

DATE 7-31-89

\*See Instructions on Reverse Side