

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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. SF 079162	
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 950' FSL & 1480' FWL (SE-SW)		8. FARM OR LEASE NAME Miles Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 6175' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR NE. AND SURVEY OR AREA Sec. 7, T26N-R7W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

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

NOTICE OR INFORMATION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE YEARS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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 data, 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.)

Suspect casing leak.

12-23-89 MI RU. Removed tree. Install BOP. Attempted to pull tubing. Tubing parted. Recovered 3159' of tubing.

12-26-89 Ran overshot. Latched onto tubing stub. Could not pull.

12-27-89 Ran freepoint. Cut off tubing @ 6351'. Pulled tubing.

12-28-89 Ran overshot. Recovered 3 jts of tubing fish.

12-29-89 Ran overshot and then spear. Recovered balance of fish.

12-30-89 Ran GR-CCL log. Set drillable BP @ 6400'.

01-02-90 Tested casing w/packer. Found casing leaks @ 3800' and 1435'. Set packer @ 1320' and squeezed below w/200 sx cement.

01-03-90 Drld out cement @ 3100'. Squeezed w/25 sx cement @ 1435'.

01-04-90 Set packer @ 1435'. Squeezed w/50 sx cement.

01-05-90 Drld out cement from 1374'-1500'. Set packer @ 1177'. Squeezed w/50 sx cement.

01-06-90 Pressure tested casing to 2000 psi. Held ok. Drld out to 3675'. Circ hole clean.

01-07-90 Drld out to 3800'. Pressure tested casing to 1800 psi. Held ok. Drld BP @ 6400'. Circ hole clean @ 6580'. Stuck drillstring @ 6572'.

01-08-90 Ran string shot. Unscrewed tubing @ 6538'. Ran jars, bumper sub, and overshot. Recovered fish.

01-10-90 Ran openended tubing w/pin collar on btm. Landed tubing @ 6573' KB. Circ hole clean. Removed BOP. Set tree. Swabbed down to 4500'. (OVER)

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

SIGNED <u>[Signature]</u>	TITLE <u>District Superintendent</u>	DATE <u>01-16-90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	
CONDITIONS OF APPROVAL, IF ANY:		

Accepted For Record

MAR 25 1990

\*See Instructions on Reverse Side