

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		50 JAN 19 AM 10:05	
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 950' FSL & 1480' FWL (SE-SW)			
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.) 6175' GR	
5. LEASE DESIGNATION AND SERIAL NO. SF 079162		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Miles Federal	
9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
11. SEC., T., R., M., OR B.L. 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 OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PURGE OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDONMENT <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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. Give 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.)

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 opened 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 [Signature] TITLE District Superintendent DATE 01-16-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 05 1990

*See Instructions on Reverse Side

FARMINGTON RESOURCE AREA

BY [Signature]