

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

SF-079162

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 6

9. WELL NO.

32

10. FIELD AND POOL OR WILDCAT

Basin Dakota

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

Sec. 6, T26N-R7W

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐  
WELL WELL

2. NAME OF OPERATOR

DEKALB Energy Company

3. ADDRESS OF OPERATOR

1625 Broadway, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1650' FEL, 1650' FNL (SW/4, NE/4)

14. PERMIT NO.

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

API No. 30-039-22963

6019' GR

6031' KB

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 COMPLETION ☐

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) ☐

(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 perti-  
nent to this work.)\*

08-09-88 MIRU Aztec Well Service Unit.

08-10-88 Remove wellhead & install BOP. Unseat pkr. Found 2 jts of bad tbgs above  
packer. Sent packer in for repair.

08-11-88 Test tubing - ok.

08-12-88 Ran 1-1/2" tubing. Set @ 6626' w/Baker Model "R" packer @ 3142'. Ran  
1-1/4" tbgs set @ 3125' w/seating nipple on bottom. RD remove BOP. Install  
wellhead.

08-13-88 thru Swab well, RD, release rig. Turned well into line. Monitoring tubing press  
08-16-88 down to 780#, Ok.

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

SIGNED

*AL Flower*

TITLE District Superintendent

DATE August 6, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side