

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		91 JUN 19 AM 10:34		5. LEASE DESIGNATION AND SERIAL NO. SF 078896	
2. NAME OF OPERATOR DEKALB Energy Company		019 FARMINGTON, N.M.		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 1800' FNL, 1800' FWL NW SE 18 25' ASL 16 30' FEL NWSE				8. FARM OR LEASE NAME Federal 29	
14. PERMIT NO. API 30-045-24792		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6242' GR		9. WELL NO. 33	
				10. FIELD AND POOL, OR WILDCAT West Kutz P.C.	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T27N-R11W	
				12. COUNTY OR PARISH San Juan	
				13. STATE NM	

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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Gas Analysis</u>	
(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 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 Federal 29-33 well has no H₂S concentration.

RECEIVED
FEB 4 1991
OIL CON. DIV.
DIST. 3

ACCEPTED FOR RECORD

OCT 15 1991

FARMINGTON RESOURCE AREA
BY W. F. Black

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

SIGNED AL Flower TITLE District Superintendent DATE 6/6/91

(This space for Federal or State office use)

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

FARMINGTON COPY

*See Instructions on Reverse Side