

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR DEKALB Energy Company	8. FARM OR LEASE NAME Federal 30
3. ADDRESS OF OPERATOR 1625 Broadway - Denver, Colorado 80202	9. WELL NO. 30-44
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 990' FEL, SE/4 SE/4 Section 30	10. FIELD AND POOL OR WILDCAT Basin Fruitland Coal West Kutz - P.C.
14. PERMIT NO. API No. 30-045-24814	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T27N-R11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6169' GR, 6181' KB	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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 checked="" 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) Reperforate & Commingle		<input checked="" type="checkbox"/>	

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)		<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.)*

- MI & RU, TOOH w/production equipment.
- Run tubing with bit, drill out BP @ 1660'.
- Clean hole to 1703'.
- TOOH with bit and tubing.
- Perforate 1678'-1692' with 4 SPF (Fruitland Basal Coal).
- Run tubing with packer, set packer at 1660'.
- Perform an injection test into perms 1678'-92' with 5000 gallons of foamed Boragel.
- Frac perms 1678'-92' down 2-7/8" tbg, ± 20 BPM and ± 2600 psi, as follows:

STAGE	VOLUME	DESCRIPTION	PROP CONC	PROP TYPE	PROP AMOUNT
1. Pad	4000	Foamed Boragel	---	----	---
2. Pad	3000	Foamed Boragel	1	40/70	3000
3. Pad	5000	Foamed Boragel	1-4	20/40	14800
4. PLF	3000	Foamed Boragel	4	20/40	12000
5. Flush	± 1500	Foamed Boragel	---	----	---
- Flow well back and clean up. TOOH with tubing and packer.
- Put well on production, commingle both the Middle member and the Basal Coal of the Fruitland Coal.

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

SIGNED

[Signature]

TITLE

Agent
District Engineer

DATE

October 24, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

DATE
NOV 26 1990

AREA MANAGER

NMCOO

*See Instructions on Reverse Side