

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-1-113
Expires August 31, 1985

elSF

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 ☐ GAS WELL ☒ OTHER ☐	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 A-660'FNL, 660'FEL NE NE	5. LEASE DESIGNATION AND SERIAL NO. NM 36408	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	7. UNIT AGREEMENT NAME ---	8. FARM OR LEASE NAME Rose Federal	9. WELL NO. 1	10. FIELD AND POOL OR WILDCAT Pecos Slopes Abo	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20, T5S-R25E	12. COUNTY OR PARISH Chaves	13. STATE NM
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14. PERMIT NO. API 30-005-61756 15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3811'GR

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	Other: Gas Analysis ☒	

Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give a sufficient 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 Rose Federal No. 1 well has no H₂S concentration.

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

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

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side



RECEIVED
OCT 23 1991

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPOO INC STATION NO. 2123-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABO LAB NUMBER 7
STATION NAME ROSE FEDERAL #1 + #2

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0732	PROPANE	27.514	.5365
CARBON DIOXIDE	1.5195	.0002	ISOBUTANE	32.698	.1112
HELIUM	.1382		N-BUTANE	31.510	.2174
OXYGEN	1.1048	.0000	LPG		.0651
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0805
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0869
			HEXANES	41.111	.0452
			HEPTANES+	46.126	.0231
			NATURAL GASOLINE		.2357
ETHANE	.5539	.0445			
ETHANE	1.0382	.0461			
PROPANE	1.5225	.0195	TOTAL LIQUEFIABLE GPM		1.1008
ISOBUTANE	2.0068	.0034			
N-BUTANE	2.0068	.0069	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0022	GAS MIXTURE STATIC PSIG		155.0
N-PENTANE	2.4911	.0024	FLOWING GAS TEMP (F)		45.0
HEXANES	2.9753	.0011	WATER VAPOR DEW POINT (F)		39.0
HEPTANES+	3.5807	.0005	LBG WATER VAPOR / MMCF		35.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TW)		NO
			INSTRUMENT TYPE		RAN
			MOL FRACTION		.0007
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.655	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.656	MERCAPTANS		
(VERIFIED 1-15-87)			SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1030	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (C)		.9976

PP: 11:31 FEB 5, 1987

ANALYST

M Applegate

[TW]

J M APPLEGATE