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

5. LEASE DESIGNATION AND SERIAL NO.: NM36408

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: --

7. UNIT AGREEMENT NAME: --

8. FARM OR LEASE NAME: Rose Federal

9. WELL NO.: 2

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

Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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 Compnay

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: C-660'FNL, 1980'FWL

14. PERMIT NO.: API 30-045-61757

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3837'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 COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT*
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Gas Analysis ☒	
(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 pertinent to this work.)*

The Rose Federal No. 2 well has no H_2S concentration.

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

SIGNED A L Flowers TITLE District Superintendent DATE 6/6/91

(This space for Federal or State office use)

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

OCT 23 1991

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

****
GAS QUALITY TEST REPORT
****

PRODUCER	DEPCO INC	STATION NO.	2123-1
FIELD	RED BLUFF	EFFECTIVE DATE	2-1-87
RESERVOIR	ABO	LAB NUMBER	7
STATION NAME	[redacted] + #2		

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION
NITROGEN	.9672	.0732
CARBON DIOXIDE	1.5195	.0002
HELIUM	.1382	
OXYGEN	1.1048	.0000
HYDROGEN SULFIDE	1.1766	.0000
WATER VAPOR	.6220	.0000
ETHANE	.5539	.0445
METHANE	1.0382	.0461
PROPANE	1.5225	.0195
ISOBUTANE	2.0068	.0034
N-BUTANE	2.0068	.0069
ISOPENTANE	3.4911	.0022
N-PENTANE	3.4911	.0024
HEXANES	3.9753	.0011
HEPTANES+	3.5807	.0005
COMPOSITION----------		1.0000

LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
PROPANE	27.514	.5365
ISOBUTANE	32.698	.1113
N-BUTANE	31.510	.2174
LPG-------		.8651
ISOPENTANE	36.582	.0805
N-PENTANE	36.213	.0869
HEXANES	41.111	.0452
HEPTANES+	46.126	.0231
NATURAL GASOLINE_		.2357
TOTAL LIQUEFIABLE GPM__		1.1008

WATER VAPOR CONTENT:

GAS MIXTURE STATIC PSIG	155.0
FLOWING GAS TEMP (F)	45.0
WATER VAPOR DEW POINT (F)	39.0
LBS WATER VAPOR / MMCF	35.0
DEHY INSTALLED (TW)	NO
INSTRUMENT TYPE	RAN
MOL FRACTION	.0007

MIXTURE SPECIFIC GRAVITY

CALC. FROM ANAL. (REAL)	.655
DETERMINED BY TEST INST.	.656
(VERIFIED 1-15-87)	

MIXTURE HEATING VALUE

(BTU/CF @ 14.73 PSIA,60F,SAT.)	
CALCULATED FROM ANALYSIS	1030
BY CALORIMETRY	NONE

SULFUR CONTENT (GR. PER 100 CF)

HYDROGEN SULFIDE	
MERCAPTANS	
SULFIDES	
RESIDUALS	
TOTAL SULFUR	
MOLE FRACT H2S	

COMPRESSIBILITY (Z) .9976

PR: 11:21 FEB 5, 1987

ANALYST: M Applegate [TW]

M APPLEGATE