

Form 3160-5
November 1985
Formerly 3160-1

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

Form approved.
Budget Bureau No. 1004-1-10
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.)

LEASE DESIGNATION AND SERIAL NO.

NM 36408

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME
Rose Federal

WELL NO.

4

FIELD AND POOL OR WILDCAT
Pecos Slopes Abo

SEC., T., S., M., OR BLK. AND
SURVEY OR AREA

Sec. 19, T5S-R25E

COUNTY OR PARISH STATE
Chaves NM

1. OIL ☐ 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

C-660'FNL, 1980' ^WEXL NE NW

O. C. D.
ARTESIA OFFICE

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, RT, GR, etc.)

API 30-005-61759

3893'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

PORE OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACURE TREAT

MULTIPLE COMPLETION

FRACURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON

SHOOTING OR ACIDIZING

ABANDONMENT

REPAIR WELL

CHANGE PLANS

Other: Gas Analysis

X

Other:

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, WITH 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.

The Rose Federal No. 4 well has no H₂S concentration.

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

SIGNED

AL Flawn

TITLE District Superintendent

DATE

6/6/91

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

ACCEPTED FOR
PETER W. CHISTEN

OCT 29 1991

BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPCO INC STATION NO. 2132-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR A80 LAB NUMBER 7
STATION NAME ROSE FEDERAL #6 + 3.47

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0711	PROPANE	37.514	.5613
CARBON DIOXIDE	1.5195	.0003	ISOBUTANE	32.698	.1112
HELIUM	.1382		N-BUTANE	31.510	.2206
OXYGEN	1.1048	.0000	LPG		.8930
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0805
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0869
			HEXANES	41.111	.0493
			HEPTANES+	46.126	.0277
METHANE	.5539	.8426	NATURAL GASOLINE		.2444
ETHANE	1.0382	.0488			
PROPANE	1.5225	.0204	TOTAL LIQUEFIABLE GPM		1.1374
ISOBUTANE	2.0066	.0034			
N-BUTANE	2.0068	.0070	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0022	GAS MIXTURE STATIC PSIG		120.0
N-PENTANE	2.4911	.0024	FLOWING GAS TEMP (F)		48.0
HEXANES	2.9753	.0012	WATER VAPOR DEW POINT (F)		48.0
HEPTANES+	3.5807	.0006	LESS WATER VAPOR / MMCF		60.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TWO)		NO
			INSTRUMENT TYPE		RAM
			MOL FRACTION		.0013
MIXTURE SPECIFIC GRAVITY			SULFUR CONTENT (GR. PER 100 CF)		
CALC. FROM ANAL. (REAL)		.657	HYDROGEN SULFIDE		
DETERMINED BY TEST INST.		.654	MEERCAPTANS		
(VERIFIED 1-15-87)			SULFIDES		
MIXTURE HEATING VALUE			RESIDUALS		
(BTU/CF @ 14.73 PSIA, 60F, SAT.)			TOTAL SULFUR		
CALCULATED FROM ANALYSIS		1037	MOLE FRACT H2S		
BY CALORIMETRY		NONE	COMPRESSIBILITY (Z)		.9976

PR: 10:02 FEB 5, 1987

ANALYST

M. Applegate
J. M. APPLEGATE

[TW]

REMARKS: CPD

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

SEP 08 '88

O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
DEKALB Energy Company ✓

Address
800 Central, Odessa, Texas 79761

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☐ Condensate
☐ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Corporate Name Change

If change of ownership give name and address of previous owner
DEPCO, Inc., 800 Central, Odessa, Texas 79761

II. DESCRIPTION OF WELL AND LEASE

Lease Name Rose Federal	Well No. 4	Pool Name, including Formation Pecos Slopes ABO	Kind of Lease State, Federal or Fee Federal	Lease No. NM 36408
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>19</u> Township <u>5-S</u> Range <u>25-E</u> , NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Company	P.O. Box 175, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Company	Ste 614, 1st Nat'l Bank, Odessa, Texas 79760
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>C</u> Sec. <u>19</u> Twp. <u>5</u> Rge. <u>25</u>	Yes 7-10-83

If this production is commingled with that from any other lease or pool, give commingling order number:

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

R. L. Denney
(Signature)
Chief Production Clerk
(Title)
9-1-88
(Date)

OIL CONSERVATION DIVISION

MAR 7 1989

APPROVED _____, 19

BY Original Signed By

TITLE Mike Williams

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.