

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

DO NOT WRITE IN THIS SPACE
SUBMIT IN TRIP
(Other instructions
Name 88211

ATTN:
116

Form approved.
Budget Bureau No. 1004-0.38
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM36408 / RNM 117

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Rose Federal Com

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Pecos Slope Abo

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

Section 21, T5S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves

New Mexico

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.)

RECEIVED

OCT - 3 1991

O. C. D.
ARTESIA OFFICE

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

660' FNL & 660' FEL (NE NE)

14. PERMIT NO.

API 30-005-61760-00

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3790' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Surface Commingle Approval

XX

(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.)*

DEKALB Energy requests approval to surface commingle the production from the
Rose Federal Com #12 with the production from the Rose Federal Com #11.



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

SIGNED

Al Flower

TITLE District Superintendent

DATE Sept. 18, 1991

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
PEPPER W. CHESTER
DATE

OCT 1 1991

*See Instructions on Reverse Side