

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88211

Budget Bureau No. 1-004-
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL
NM36408 / RNM 117

dsf

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"/>	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR DEKALB Energy Company	OCT - 3 1991	8. FARM OR LEASE NAME Rose Federal Com
3. ADDRESS OF OPERATOR 1625 Broadway - Denver, CO 80202	O. C. D. ARTESIA OFFICE	9. WELL NO. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		10. FIELD AND POOL OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21, T5S-R25E
14. PERMIT NO API 30-005-61760-00	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3790' GR	12. COUNTY OR PARISH Chaves
		13. STATE New Mexico

18. 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 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) <input 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) Off Lease Measurement Apprvl	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 for off lease measurement. The sales point is located at the Alkili #4 lease, NW NW Section 22, T5S-R25E.

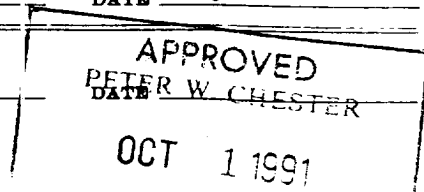


18. I hereby certify that the foregoing is true and correct

SIGNED P. J. Howan TITLE District Superintendent DATE Sept. 18, 1991

(This space for Federal or State office use)

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



*See Instructions on Reverse Side