

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

Not for Distribution
(Other Instruction)

Budget Bureau No. 1-04-
Expires August 31, 1985

2154

5. LEASE DESIGNATION AND SERIAL

NM 36408

RNM 117

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Rose Federal Com

9. WELL NO.

11

10. FIELD AND POOL OR WILDCAT

Pecos Slopes Abo

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 21, T5S-R25E

12. COUNTY OR PARISH 13. STATE

Chaves

NM

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 ☐ 01 JUL 1991 PM 2:36

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

RECEIVED

OCT 30 1991

O. C. D.
ARTESIA OFFICE

14. PERMIT NO

API 30-005-61760

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

3790'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

FRAC TURE TREAT

MULTIPLE COMPLETION

FRAC TURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

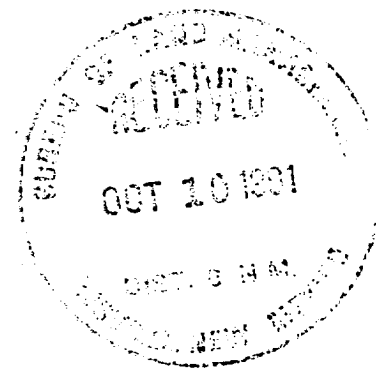
Gas Analysis

X

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. 11 well has no H₂S concentration.



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

SIGNED

A. L. Flower

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 20 1991

*See Instructions on Reverse Side

TRANSWESTERN PIPELINE COMPANY
(A SUBSIDIARY OF ENRON CORP)

GAS QUALITY TEST REPORT

PRODUCER DEPCO INC STATION NO. 2131-1
FIELD RED BLUFF EFFECTIVE DATE 2-1-87
RESERVOIR ABO LAB NUMBER 7
STATION NAME ROSE FEDERAL COM #11 + #12

COMPONENTS	SPECIFIC GRAVITY	MOLE FRACTION	LIQUEFIABLE HYDROCARBONS	COMPONENT GPM	GPM CONTENT
NITROGEN	.9672	.0739	PROPANE	27.514	.4705
CARBON DIOXIDE	1.5195	.0003	ISOBUTANE	32.698	.1112
HELIUM	.1382		N-BUTANE	31.510	.2080
OXYGEN	1.1048	.0000	LPG		.7896
HYDROGEN SULFIDE	1.1766	.0000	ISOPENTANE	36.582	.0732
WATER VAPOR	.6220	.0000	N-PENTANE	36.213	.0760
			HEXANES	41.111	.0863
			HEPTANES+	46.126	.0231
METHANE	.5539	.8312	NATURAL GASOLINE		.2586
ETHANE	1.0382	.0608			
PROPANE	1.5225	.0171	TOTAL LIQUEFIABLE GPM		1.0482
ISOBUTANE	2.0068	.0034			
N-BUTANE	2.0068	.0066	WATER VAPOR CONTENT:		
ISOPENTANE	2.4911	.0020	GAS MIXTURE STATIC PSIG		130.0
N-PENTANE	2.4911	.0021	FLOWING GAS TEMP (F)		45.0
HEXANES	2.9753	.0021	WATER VAPOR DEW POINT (F)		41.0
HEPTANES+	3.5807	.0005	LESS WATER VAPOR / MMCF		45.0
COMPOSITION-----	1.0000		DEHY INSTALLED (TWO)		NO
			INSTRUMENT TYPE		RAN
			MOL FRACTION		.0009

MIXTURE SPECIFIC GRAVITY		SULFUR CONTENT (GR. PER 100 CF)	
CALC. FROM ANAL. (REAL)	.661	HYDROGEN SULFIDE	
DETERMINED BY TEST INST.	.658	MERCAPTANS	
(VERIFIED 1-15-87)		SULFIDES	
MIXTURE HEATING VALUE		RESIDUALS	
(BTU/CF @ 14.73 PSIA, 60F, SAT.)		TOTAL SULFUR	
CALCULATED FROM ANALYSIS	1038	MOLE FRACT H2S	
BY CALORIMETRY	NONE	COMPRESSIBILITY (Z)	.9975

PR: 13:32 FEB 5, 1987

ANALYST

J M Applegate
J M APPLEGATE

【TW】

REMARKS: CPD