

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NEW SUBMIT IN TRIP DATE
Other Construction
Drawer DD

Budget Bureau No. 1004-135
Expires August 31, 1985

dsr

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 ☐ GAS ☒ WELL ☒ OTHER ☐ DATE 31 JUN 1991 PM 2:35

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'FWL NE NW

14. PERMIT NO. API 30-005-61761 15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3759'GR

5. LEASE DESIGNATION AND SERIAL NM 36408

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Rose Federal Com

9. WELL NO. 12

10. FIELD AND POOL OR WILDCAT Pecos Slopes Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T5S-R25E

12. COUNTY OR PARISH Chaves 13. STATE NM

RECEIVED
OCT 30 1991
O. C. D.
ARTESIA OFFICE

16. 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 COMPLETION ☐
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: Gas Analysis ☒

(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. 12 well has no H₂S concentration.

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

SIGNED [Signature]

TITLE District Superintendent

DATE 6/16/91

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

RECEIVED FOR RECORD
PETER W. CHESTER

OCT 20 1991

*See Instructions on Reverse Side

TRI WESTERN 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	.1332		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	LBS WATER VAPOR / MMCF		45.0
COMPOSITION-----		1.0000	DEHY INSTALLED (TW)		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* [TW]

REMARKS: CPD