

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N.M. OF LAND COMMISSION
SUBMIT IN TRIP
INSTRUMENT INSTRUCTION
ROSEWELL, NM 88211

Budget Bureau No. 1001-
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL
NM36408 / RNM 122

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Rose Federal Com

9. WELL NO.
13

10. FIELD AND POOL OR WILDCAT
Pecos Slope Abo

11. SEC., T., R., 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

1980' FSL & 1980' FWL (NE SW)

14. PERMIT NO
API 30-005-61954

15. ELEVATIONS (Show whether OF, RT, GR, etc.)
3795' GR

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) ☒ 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 #13 with the production from the Rose Federal Com #10.



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

SIGNED AL Flewman

TITLE District Superintendent

DATE Sept. 18, 1991

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE APPROVED
PETER W. CHESTER

OCT 1 1991

*See Instructions on Reverse Side

