LINITED STATES

DEPARTMENT OF THE INTERIOR	5. LEASE 29-003523
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
1. oil gas double other	8. FARM OR LEASE NAME Holloway "B" Federal 9. WELL NO.
2. NAME OF OPERATOR Beta Development Company	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 125 Petroleum Plaza Farmington, NM 874	Basin Dakota Oll. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FNL & 990' FEL	Sec. 6, T-26N, R-11W
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH San Juan New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD) 61361 GL
TEST WATER SHUT-OFF	(NOTE: Paned martin at a martin
PULL OR ALTER CASING APR 25 MULTIPLE COMPLETE APR 25 CHANGE ZONES ABANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)

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.)*

4-2-80

Rigged up work over rig, found hole in $4\frac{1}{2}$ " casing @ 4326', squeezed with 360 sks class "H" cement, drilled out cement, test all casing to 1500# $\frac{1}{2}$ hr. o.k. retrieve bridge plug @ 5995', pick up re-run 189 jts. 1½" non-upset tubing back in well total of 6210' set @ 6221' swab well in, released rig 4-10-80.

Subsurface Safety Valve: Manu. and Type			ser		
18. I hereby certify that the foregoing is true and corre	Suponinterdent	DATE _	April 28	MAY 11930 01980 N. GOM-	A PARTITION OF THE PART
(This space for APPROVED BY	or Federal or State office use)		5.0 2.0 2.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	Dis.s	
CONDITIONS OF APPROVAL, IF ANY:		DATE	3.78	EPTED FOR RECONC	j :

*See Instructions on Reverse Side



