

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)		5. LEASE DESIGNATION AND SERIAL NO. <p align="center">SF-078089</p>
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Beta Development Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR c/o Mesa Operating Ltd Partnership, P.O. Box 2009, Amarillo, TX		8. P&A OR LEASE NAME SCOTT FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 79189 See also space 17 below.) At surface 990' FNL & 1650' FEL		9. WELL NO. 8
14. PERMIT NO. -		10. FIELD AND POOL, OR WILDCAT Basin Dakota
15. ELEVATIONS (Show whether DF, FT, GR, etc.) 6352' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-27N-11W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Extension to P&A <input checked="" type="checkbox"/>		(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.)*

Effective 10/1/87, Mesa Operating Limited Partnership purchased the above well from Beta Development Company. We assumed operations as agent for Beta Development Co. on 1/1/88. The above well was approved for P&A on 12/13/86 and Mesa Operating Limited Partnership is requesting a six month extension to the P&A approval in order to evaluate the well and get the designation of operator signed, so that we may legally take operatorship of this well.

RECEIVED
OIL & GAS
COMM. DIV.
9/2/88

RECEIVED
OIL & GAS
COMM. DIV.
9/2/88

BLM-F (0+5), Prod Rclds, Reg

18. I hereby certify that the foregoing is true and correct
SIGNED *Charles Cummings* Regulatory Analyst for Mesa Operating Limited Partnership, DATE 2/23/88
TITLE Agent

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOCO