

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☒ DRY ☐ Other _____

b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Beta Development Co.

3. ADDRESS OF OPERATOR

234 Petroleum Club Plaza, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1450/S 1450/E

At top prod. interval reported below

At total depth

14. PERMIT NO. DATE ISSUED

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

15. DATE SPUDDED 16. DATE T.D. REACHED 17. DATE COMPL. (Ready to prod.) 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 19. ELEV. CASINGHEAD

12/8/63 12/19/63 5658' GR

20. TOTAL DEPTH, MD & TVD 21. PLUG, BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY ROTARY TOOLS CABLE TOOLS

6700' CO 6540' 0 - 6700'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

Dakota 6468 - 6289'

25. WAS DIRECTIONAL SURVEY MADE

Yes

26. TYPE ELECTRIC AND OTHER LOGS RUN

Induction Electric - Gamma Ray Correlation

27. WAS WELL CORRED

No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
8 5/8"	24#	300'	12 1/4"	175 ex.	
4 1/2"	10.5#	6700'	7 7/8"	1st stage 300 ex. 2nd stage 500 ex.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2" EUE	6455'	

31. PERFORATION RECORD (Interval, size and number)

6446-52, 6462-68, 6427-31, 6416-20,
6362-82 w/2 JPF

6289-99 w/4 JPF

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6446-52	500 gals. 7 1/2% MCA
6416-6468	20,000# sd, 32,700 gals. treated
6362-6382	40,000# sd, 43,700 gals. " wtr.
6289-99	20,000# sd, 31,700 gals. "

33.* PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in)

Flowing

Shut-in

DATE OF TEST HOURS TESTED CHOKE SIZE PROD'N. FOR TEST PERIOD OIL—BBL. GAS—MCF. WATER—BBL. GAS-OIL RATIO

1/20/64 3 3/4" 6.220 AQF

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL—BBL. GAS—MCF. WATER—BBL. OIL GRAVITY-API (CORR.)

SI 392 SI 1079 2040

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

Waiting on pipeline connection

TEST WITNESSED BY

G. L. Hoffman

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

Original signed by:

SIGNED JOHN T. HAMPTON

TITLE Manager

DATE 1/22/64

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 36.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 19: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and middle(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:		38. GEOLOGIC MARKERS	
FORMATION	TOP	NAME	MEAS. DEPTH
Pictured Cliffs	1837		
Lewis	1911		
Cliff House	3570		
Menefee	3660		
Point Lookout	4226		
Mancos	4459		
Gallup	5452		
Greenhorn	6185		
Graneros Shale	6240		
Graneros Sand	6284		
Dakota A	6356		
Dakota B	6413		
Morrison	6584		

39. DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES		40. DESCRIPTION, CONTENTS, ETC.	
FORMATION	BOTTOM	DESCRIPTION, CONTENTS, ETC.	TRUE VERT. DEPTH