

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Beta Development Company	8. FARM OR LEASE NAME Tidewater Federal
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-29N, R-11W
14. PERMIT NO. MAY 30 1986	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5776' GR
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

16. BUREAU OF LAND MANAGEMENT Clerk A. Appropriate Box To Indicate Nature of Notice, Report, or Other Data
FARMINGTON RESOURCE AREA

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) <input type="checkbox"/>
(Other) Notification of shut-in <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.)*

Well shut in but capable of producing in paying quantities, shut-in due to lack of market.

RECEIVED
JUN 13 1986

OIL CON. DIV.
DIST. 3

This Approval Or Temporary
Abandonment Expires 6-10-87

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

SIGNED D. E. Baxter

TITLE Superintendent

DATE May 28, 1986

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED
AS AMENDED

CONDITIONS OF APPROVAL, IF ANY:

DATE

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

JUN 10 1986

John D. Skellern
AREA MANAGER

*See Instructions on Reverse Side

NMOCC