

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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 <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. SF-080469
2. NAME OF OPERATOR Beta Development Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1550 FSL & 1450' FEL	8. FARM OR LEASE NAME Fogelson
14. PERMIT NO.	9. WELL NO. 1-2
15. ELEVATIONS (Show whether on FARMINGTON RESOURCE AREA) 5759 GL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2 T-29N, R-11W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

RECEIVED

SEP 20 1985

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 History:

8-5/8" casing set @ 246' cement did not circulate  
4 1/2" J-55 10.5# CF&I casing set @ 6815' DV tool @ 2256'  
Cemented 1st stage: 150 sx 6% Gel + 50 sx neat  
Cemented 2nd stage: 100 sx 8% Gel @ 2256'  
Well died 1969 due to hole in casing, found holes in Mesa Verde section  
3650-4800', squeezed with 300 sx 4% Gel, drilled out cement and retainer  
pressure test all casing held o.k.  
Well produced until February 1980 and died.

Test Dakota Formation:

Rig up work over rig, pull 1 1/4" tubing with model "G" packer, replace bad tubing, rerun packer and test Dakota formation (30-60 days), if no damage has been done, pull tubing and re-squeeze holes in casing, if well is found non-productive due to water and mud migrating into Dakota formation, P & A well and re-drill.

ROUTED  
SEP 21 1985

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

SIGNED

*D. E. Crayter*

TITLE

Superintendent

DATE

September 19, 1985

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

SEP 26 1985

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

MMOCC