

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		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 dry, etc.) 5759' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
16. COUNTY OR PARISH San Juan		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-29N. R-11W	
17. STATE New Mexico			

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

3-28-86 Move in work over rig, load tubing and test blanking plug in tubing to 1750# remove well head, set B.O.P. release on & off tool @ 6480' P.O.H. w/206 jts. 2-3/8" EUE tubing, pick up Baker packer, found top hole in csg. @ 2256' and bottom hole @ 2796', squeeze hole w/250 sx class "H" 8% gel 2% ca. cl. final squeeze pressure was 600# W.O.C. 18 hrs.

3-31-86 Tag cement w/3-3/4" bit @ 1979', pressure test csg. and B.O.P. to 1500# o.k. drill solid cement 1979 to 3079', pressure test to 1500#, leaked off to 580# in 2 min. re-squeeze 1900' to 3079' w/200 sx class "H" 6% gel 2% ca. cl. W.O.C. 18 hrs.

4-2-86 Tag cement @ 2080' pressure test 1000# o.k. drill solid cement to 2810' test to 1500# 1/4 hr. held o.k. circulated hole clean top of packer @ 6480' spot KCL water, released packer, P.O.H. lay down packer & 2-3/8" tubing, trip in hole w/1 1/4" tubing open ended w/bar collar in bottom jt. set 210 jts. 1 1/4" E.U.E. tubing @ 6601' ran swab, kick well off, release rig.

4-6-86 6:00 P.M. 4-7-86 (shut well in no market)

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

SIGNED D. E. Bayler TITLE Superintendent DATE May 7, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

MAY 15 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA