

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 different depths.  
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-078161	
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 1767' FNL & 1610' FWL		8. FARM OR LEASE NAME Shults Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5817' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1, T-29N, R-11W	
		12. COUNTY OR PARISH San Juan	
		13. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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"/>	

(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.)

3-13-86 Move in work over rig, load hole w/2% KCL water to kill well, set B.O.P. pull 213 jts. 2-3/8" EUE 8rd tubing from well, pick up Baker Oil Tool's full bore packer & C-1 retrievable bridge plug, trip in hole, set B.P. @ 6115' pull 2 jts. set packer @ 6054' test tubing, B.P. and packer w/2000# o.k. released packer, pick packer up looking for csg holes, found bottom hole @ 4187' and top hole @ 4025', lay down packer, trip tubing in hole open ended to 3850', squeeze 200 sx class "H" 8% gel + 2% ca. cl. with all cement out holes in csg. + tubing displace w/water, squeeze pressure was up to 1400# W.O.C. 2 hrs. P.O.H. put 1000 PSI back on csg. w/rams closed, W.O.C. 16 hrs. Trip in w/3-3/4" bit, tag cement @ 3880' drill solid cement to 4200', test csg. from B.P. @ 6115' to surface w/1500# 1/4 hr. held o.k. P.O.H. lay down bit, trip in hole retrieve B.P. @ 6115', ran 213 jts. 2-3/8" EUE tubing, set @ 6694' remove B.O.P. set well head, swab well off, release rig 3-17-86.

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)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 15 1986

\*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA