

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**

**SUBMIT IN TRIPLICATE\***  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078144

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fogelson

9. WELL NO.

1-26

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26, T-30N, R-11W

12. COUNTY OR PARISH | 13. STATE

San Juan | New Mexico

**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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Beta Development Company

3. ADDRESS OF OPERATOR  
238 Petroleum Plaza, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface

**RECEIVED**

1050' FSL & 1000" FEL

14. PERMIT NO.  
MAR 27 1986

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
5899' GL

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

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

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

3-4-86

Set blanking tool in profile nipple, released tubing pressure, well died. Move in work over rig, remove well head, set B.O.P. release on & off tool top of packer @ 6656' load and circulate hole clean, P.O.H. pick up Baker full bore packer and bridge plug, set bridge plug @ 2273', pick packer up 1 jt. and test B.P. packer and tubing 1500# o.k. Pick packer up hole and found bottom hole in csg. @ 894' top hole @ 485' P.O.H. lay down packer, braden head, squeeze down open csg. w/300 sx class "H" 6% gel + 2% ca. cl. displaced cement to 350', cement circulated around back side of 4½" to surface closed valve on back side and circulated cement around surface pipe to surface. W.O.C. 36 hrs. ran bit tag cement @ 414', drill solid cement 414' to 894', test csg. 1500# from bridge plug @ 2273' to surface for ½ hr. held o.k. P.O.H. lay down packer, T.I.H. pull bridge plug, test all csg. from 6656' to surface for ¼ hr. 1500# held o.k. ran tubing, latched up on & off tool, fished out blanking tool, swabbed well off, put well back on production 3-12-86.

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

SIGNED: D. E. Bayler TITLE: Superintendent

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

**RECEIVED**  
APR 0 7 1986

OIL CON. DIV. March 26, 1986  
DIST. 3  
**ACCEPTED FOR RECORD**

APR 0 4 1986

FARMINGTON RESOURCE AREA

\*See Instructions on Reverse Side

**NMOCC**

BY: E. J. B.