

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 Fogelson 26
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 1050/FSL & 1000/FEL	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 San Juan
13. STATE New Mexico	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, or other) 5899' GL

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 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) Notification of shut-in ☒ (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.

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 James H. Hill TITLE Area Manager DATE JUN 10 1986

CONDITIONS OF APPROVAL, IF ANY:
SEE ATTACHED FOR
CONDITIONS OF APPROVAL

APPROVED
AS AMENDED

*See Instructions on Reverse Side