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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. 11001
7. Unit Agreement Name
8. Farm or Lease Name Rhoda Abrams
9. Well No. 2
10. Field and Pool, or Wildcat Basin Dakota
12. County San Juan

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Beta Development Company
3. Address of Operator 125 Petroleum Club Plaza Farmington, New Mexico 87401
4. Location of Well UNIT LETTER H 1795 FEET FROM THE North LINE AND 960 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 30N RANGE 11W NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 5765.0

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Rig up work over unit, kill well with water, pull 1 1/2" tubing, rerun 1 1/2" tubing with Baker Model "G" packer, load back side of tubing with oil, swab well off. Release rig.



18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Original signed by
D. A. SARTER

SIGNED _____ TITLE **Superintendent** DATE **6-19-73**

APPROVED BY *[Signature]* TITLE **SUPERVISOR DIST. #3** DATE **JUN 20 1973**

CONDITIONS OF APPROVAL, IF ANY: