TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	Form Approved. Budget Bureau No. 42-R1424
	5. LEASE 29 - 003523
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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 Form 9–331–C for such proposals.) 1. oil gas well	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Holloway "B" Federal
well well other 2. NAME OF OPERATOR	9. WELL NO. #3
Beta Development Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Basin Dakota
125 Petroleum Plaza Farmington, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 790' FNL & 990' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6 T-26N, R-11W
	12. COUNTY OR PARISH 13. STATE New Mexico
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6136 G.L.
TEST WATER SHUT-OFF	무리 하는 사람들은 기계

(NOTE: Report results of multiple completion or zone

change on Form 9-330.).

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.)*

We propose to repair casing leak as follows: Rig up work over unit, pull 12" tubing string, pick up 2 3/8" tubing working string, run retrivable bridge plug to 6000', set bridge plug, pick up and run packer find holes in casing, set packer above holes and squeeze with 350 sacks cement, drill out cement and test all casing to 1500# (or squeeze) retrieve bridge plug, lay down working string, run 1½" tubing, swab well off. Re-acid

Subsurface Safety Valve: Manu. and Type ___ Ft. 18. I hereby certify that the foregoing is true and correct TITLE _Supt. March 27. DATE _ (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR

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