

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		5. LEASE DESIGNATION AND SERIAL NO. SF-078144	
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 1050' FSL & 1000' FEL		8. FARM OR LEASE NAME Fogelson	
14. PERMIT NO.		9. WELL NO. 1-26	
15. ELEVATIONS (Show whether of ft. or m.) 5899' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-30N, R-11W	
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.)		12. COUNTY OR PARISH San Juan	
		13. STATE New Mexico	

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OCT 29 1985

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)			

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)			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

10-7-85 Move in and rig up work over rig, set B.O.P. pull 2-3/8" tubing, lay down 7 bad jts, trip in hole with 3-3/4" bit and clean out to 6942', circulate hole clean, pull out of hole, pick up packer with on & off tool and profile nipple, run 226 jt's 2-3/8" tubing, set packer @ 6757' with tail pipe to 6877', land tubing on donut, rig up swab, swab well, kicked well off, making 1/2" stream of water.

10-11-85 Released rig 10-11-85

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NOV 01 1985  
OF CON. DIV.  
DIST. 3

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

SIGNED D.E. Baxter TITLE Dist. Supt.

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE October 28, 1985

OCT 30 1985

FARMINGTON RESOURCE AREA

BY SM

\*See Instructions on Reverse Side

NMOCC