

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 on or off land) 5899' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		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	

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

Well History:

8-2/8" casing set @ 198' cement circulated o.k.  
4 1/2" 10.5# CF&I casing set @ 6990', 2 stage collar @ 2371'  
Cemented first stage: 200 sx 40% Dia-cel "D" + 75 sx neat, lost cir. on last 10 bbl's of displacement, stuck csg. 10' off bottom while cementing.  
Cemented 2nd stage: 100 sx 8% Gel good returns while cementing and displacing.  
This well developed holes in casing October 1967, stayed dead until Feb. 1969 and moved in work over rig, found holes in Mesa Verde section 3800'-5000' squeezed with 350 sx 50-50 Posmix + 4% Gel, drilled out cement and pressure tested 1500# held o.k.  
Ran 226 jts 2-3/8" J-55 tubing landed 6860' it produced in this manner until April, 1981.

Test Dakota Formation:

Rig up work over rig, pull and inspect tubing for holes, rerun tubing with Loc-set type packer with profile nipple on top of packer, with on & off tool above this, run packer and set @ 6600' with tail pipe @ 6940', swab well off and determine if Dakota zone was damaged from mud and water from holes in casing, if well is found to be productive after being down for 4 years, set blanking tool in profile nipple, release on & off tool, spot 100# frac sand on top of tool P.O.H. pick up packer, find holes in casing and squeeze all holes with cement, drill out cement, latch tubing back up, swab well off. If well is not productive, plug & abandon drill.

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

SIGNED <i>D. E. Bay</i>	TITLE Superintendent	DATE September 19, 1985
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE SEP 26 1985
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

NMOCC