

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 ☐ other

2. NAME OF OPERATOR  
**Beta Development Co.**

3. ADDRESS OF OPERATOR  
**125 Petroleum Plaza, Farmington, N.M. 87401**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: **SE/4 SE/4 790 FSL 1050 FEL**

AT TOP PROD. INTERVAL: **7208**

AT TOTAL DEPTH: **7452**

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☒  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

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(other)

5. LEASE

**SF-078120-A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Choke Cherry Canyon**

9. WELL NO.

**1**

10. FIELD OR WILDCAT NAME

**Basin Dakota**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

**Sec. 9 31N-12W**

12. COUNTY OR PARISH

**San Juan**

13. STATE

**New Mexico**

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
**6238' GR**

(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.)\*

Set retrievable bridge plug 7000' + or - pressure test bridge plug and tubing to 2500 lbs. find top and bottom holes in casing, set packer 400' above all holes, squeeze with 400 sacks cement + 6% Gel + 4% cal. cl. hold squeeze pressure until no flow back, pull packer, W. O. C. 16 to 18 hrs. drill out cement and test casing to 1500 lbs. retrieve bridge plug run 2 3/8" tubing back in hole, swab well off, re-acidize if necessary.

Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED

*D. E. Bayler*

TITLE

**Superintendent**

DATE

**June 23, 1978**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Okal*