

(May 1965)

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

RM-04200

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fouille Federal

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

26-70N-9E

12. COUNTY OR PARISH 13. STATE

San Juan

N.M.

1. OIL ☐ WELL GAS ☒ WELL OTHER

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

3. ADDRESS OF OPERATOR  
**234 Petr. Club Plaza, Farmington, N. M.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**2350/W 850/E**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**9961.7' ON**

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 type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Set production casing</u> <input checked="" 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.)\*

4-29-65 TD 6799'. Circ. PCH, logged well. LDDP & CC.

4-30-65. Ran 208 jts 6795.4' 4 1/2" 10.3# J-35 BTAC csg. set @ 6794' float @ 6769', IV tools @ 2329 & 4746'. Cemented 1st stage w/175 ex 50-50 Diamix + 4% gel & 100 ex reg + 2% gel, 1% D-19. PD @ 9:10 AM. Cemented 2nd stage w/250 ex 50-50 Diamix Class C + 8% gel, 12% gilsonite/ex. PD @ 10:15 AM. WOC 3 hrs. Cemented 3rd stage w/300 ex 50-50 Diamix Class C + 8% gel & 100 ex 50-50 Class C + 6% gel. PD @ 1:36 PM. Rig released @ 2:30 PM 4-30-65.

**RECEIVED**

MAY 6 1965

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

Original signed by:  
SIGNED JOHN T. HAMPTON

TITLE Manager

DATE 5-3-65

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

