

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 ☒ other ☐
well well
2. NAME OF OPERATOR
Beta Development Co.
3. ADDRESS OF OPERATOR
238 Petroleum Plaza, Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH: 840' FSL & 1250' FWL

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

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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RECEIVED
AUG 19 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREANOTE: Report results of multiple completion or zone
Form 9-330, 1-73RECEIVED
AUG 26 1983
OIL CON

5. LEASE
SE-077111
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Blanco Wash Federal
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-28N, R-9W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6218 GR

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.)*

6-9-83 thru 6-13-83

POH with 1 1/4" tubing and model "G" packer, TIW with Baker "K" cement retainer set at 6828', squeeze 50 sxs cement into perforations 6876-82' and 6890-98' string out of retainer and reverse out remaining cement.
Ran bridge plug check casing o.k. lay down 2" and run 1 1/4" with Model "G" packer, set packer at 6559' with 210' tail pipe.

7-20-83

Swab well in.

Well on production 7-28-83.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

John B. Kelling Sr.

TITLE Asst. Supt.

DATE

8-15-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 25 1983

FARMINGTON RESOURCE AREA

BY

NMOCC