

4-UGGS, 1-Canfield
1-FUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-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 AND POOL, OR WILDCAT

Basin Dakota

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

27-28N-9W

12. COUNTY OR PARISH

San Juan

13. STATE

N.M.

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 ☐ 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 840/S 1250/W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6218' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

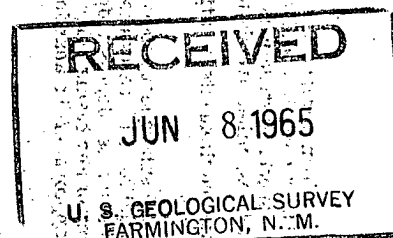
WATER SHUT-OFF ☒FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

6-2-65 Moved in rotary rig.

6-3-65 Spudded in 12 1/4" surface hole @ 12:30 PM; finished hole @ 4:30 PM. Ran 9 fts. 291' 8-5/8" 24# J-55 ST&C csg set @ 305'. Cemented w/175 sx reg + 2% calcium chloride circ. cement. WOC 12 hrs. Tested csg to 600#, hold OK.



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

SIGNED JOHN T. HAMPTONTITLE ManagerDATE 6-7-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

TITLE _____

DATE _____

*See Instructions on Reverse Side