

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 **RECEIVED**

(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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <del>SP-078899</del>	
2. NAME OF OPERATOR Beta Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM-0359212	
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 790' FNL & 790' FEL		8. FARM OR LEASE NAME Henderson Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6234' G.L.		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-26N, 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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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:

Spudded 6-13-61 13-3/4" hole  
Set 209' 10-3/4" csg. cement circulated  
Set 6428' 4 1/2" csg. cemented w/200 sx 50-50 posmix  
4% gel + 100 sx neat cement 6-24-61  
Developed hole in csg. 1-15-73, repaired csg. w/packer & Kem-pac chemicals 3-3-73 used 105 bbl's pumped 17 bbl's into holes in csg. after landing donut, produced until 7-1-79 and well died.

PROPOSAL:

Move in work over rig, pull and inspect 1 1/2" tubing, lay 1 1/2" tubing down, pick up Elder Shur-lok packer, w/profile nipple and on & off tool, trip in hole, set packer @ 6200 + or -, test Dakota formation (30 - 60 days) if no damage has been done due to migrating of water or drilling mud in Dakota sandstone, pull tubing and cement squeeze holes in csg. if well is damaged, P & A and redrill.

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

SIGNED D. E. Brayton TITLE Superintendent

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

**APPROVED**

\*See Instructions on Reverse Side

NMOCC

**RECEIVED**  
APR 07 1986  
OIL CON. DIV.  
DIST. 3  
March 27, 1986

APR 04 1986  
J. M. Keller  
For AREA MANAGER