

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 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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-078896	
2. NAME OF OPERATOR Beta Development Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR c/o Mesa Operating Ltd Partnership, P.O.Box 2009, Amarillo, TX		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* 79189 See also space 17 below.) At surface 790' FSL & 1450' FEL		8. FARM OR LEASE NAME MUDGE FEDERAL	
14. PERMIT NO. -		9. WELL NO. 5	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6228' GR		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-27N-11W	
		12. COUNTY OR PARISH San Juan	13. STATE NM

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) <input type="checkbox"/>	
(Other) Extension of TA <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.)*

Effective 10/1/87, Mesa Operating Limited Partnership purchased the above well from Beta Development Co. We assumed operations as agent for Beta Development Co. on 1/1/88. On February 1, 1988, an extension of the temporary abandonment on the above referenced well, expired. We are requesting a second extension for six months, until we can get the designation of operator signed and can legally take operatorship of this well.

RECEIVED
MAR 23 1988
OIL CON. DIV.
BLM

80 FEB 29 PM 1:11

FARMINGTON REGIONAL OFFICE
FARMINGTON, NEW MEXICO

RECEIVED
MAR 23 1988
OIL CON. DIV.
BLM

9/2/88

xc: BLM-F (0+5), Prod Rcds, Reg

18. I hereby certify that the foregoing is true and correct		Regulatory Analyst for	
SIGNED <i>Cathy Cummings</i>		Mesa Operating Ltd Partnership,	
(This space for Federal or State office use)		TITLE Agent	
APPROVED BY _____		DATE 2/23/88	
CONDITIONS OF APPROVAL, IF ANY:		MAR 02 1988	
		DATE	
		APPROVED BY <i>Alan G. Hines</i>	
		FARMINGTON REGIONAL OFFICE	

*See Instructions on Reverse Side

NMOCC