

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(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 for purposes reserved.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐ NOV 07 1986

2. NAME OF OPERATOR  
Beta Development Company

3. ADDRESS OF OPERATOR  
238 Petroleum Plaza, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
990' FNL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6352' D.F.

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078089

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Scott Federal

9. WELL NO.  
8

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 22, T-27N, 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 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 checked="" type="checkbox"/>	Test Dakota Formation	<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.)\*

Rig up work over unit, fish out parted 2-3/8" tubing, recover all 214 jts., ran 2-3/8" tubing w/seal assembly w/seating nipple 2-jt's above seal assembly, land 12,000# on packer + 14,000# on donut, ran 242 3/4" rods. w/top hold down pump, set pump jack, pump water from damaged Dakota section 3 weeks, no-gas, pull and lay down rods and pump. Propose to P & A.

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

SIGNED D. E. Baister TITLE Superintendent

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE

NOV 13 1986

FARMINGTON RESOURCE AREA

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\*See Instructions on Reverse Side