

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Beta Development Company	8. FARM OR LEASE NAME Scott Federal
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401	9. WELL NO. 8
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations. See also space 17 below.) At surface 990' FNL & 1650' FEL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22 T-27n, S-11W	12. COUNTY OR PARISH San Juan
13. STATE New Mexico	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, or etc.) 6352' D. F. FARMINGTON RESOURCE AREA

RECEIVED

DEC 09 1986

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) <u>Test Dakota</u> <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.) \*

6-16-86 Moved in work over rig, set B.O.P. fished out parted tubing, cleaned out to model "P" Baker packer @ 6492' w/stinger down to 6719' 20' below all casing perforations, swabbed well on & off for 2 months.  
Ran seating nipple 90' above packer, ran 3/4" rods + 1 1/2" pump, set pump jack and pumped well 26 days, no gas increase, pumped total of 1720 bbl's of water, propose to P & A.

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

SIGNED D. E. Baister

TITLE Superintendent

DATE Dec. 8, 1986

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

TITLE \_\_\_\_\_

DATE DEC 09 1986

\*See Instructions on Reverse Side

MOCC