		<i>,</i> .
Form 9-331 (May 1963)	UNITED STATES SUBMIT IN TRIPLICATE® DEPARTMENT OF THE INTERIOR (Other Instructions on re	
	GEOLOGICAL SURVEY	SF-079116 ~
(Do not u	SUNDRY NOTICES AND REPORTS ON WELLS use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
I. OIL WE'L	GAS WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPER	RATOR Beta Development Co.	8. FARM OR LEASE NAME Edgar Federal
3. ADDRESS OF O	125 Petroleum Plaza Farmington, N.M. 87401	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  NW SE 1650' FSL 1800' FEL		10. FIELD AND POOL, OR WILDCAT  Basin Dakota
		11. SBC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 15 27N-12W MMP

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

XX

5901' GR

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

13. STATE

N.M.

12. COUNTY OR PARISH

REPAIRING WRI.I.

ALTERING CASING

ABANDONMENT\*

San Juan

42-R1424.

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED OF 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 somes pertinent to this work.) \*

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

WATER SHUT-OFF

(Other)

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Rig up, squeeze 50 sacks cement down 2 3/8" tubing into Dakota perforations, spot 30 sacks on top of casing perforations, 6038-56' and 6077-85', spot 30 sacks cement base of Mesa Verde @ 41841, spot 40 sacks top of Mesa Verde @ 23201, pull all free 52 casing, spot 60 sacks at base of Picture Cliff € 1490' spot 30 sacks € 345' 10 sacks in top of surface, after cutting pipe off 4' below ground level, no dry hole marker required agricultural area.

18. I hereby certify that the foregoing is true and correct Superintendent (This space for Federal or State office use) DATE . APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

Circl

14. PERMIT NO.

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

16.

\*See Instructions on Reverse Side

FARMING THE CODY