Form Approved. Budget Bureau No. 42-R1424

UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	SF-079116
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir, Use Form 9–331–C for such propositis.)	8. FARM OR LEASE NAME
1. oil gas gr	Edgar Federal
well gas well other	9. WELL NO.
2. NAME OF OPERATOR	4
Beta Development Co.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Basin Dakota
125 Petroleum Flaza Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	Sec. 15 278-12W 19/494
AT SURFACE:	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Sen Juan Rev Rexisto
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	5901' G.R.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*	
REPAIR WELL	(NOTE: Report results of multiple completic and hope
PULL OR ALTER CASING	(NOTE: Report results of multiple completion to some change on Form 9-330)
MULTIPLE COMPLETE	Mo.
CHANGE ZONES	OIL COM. COM.
ABANDON* (other)	OIL DIST. 3
other)	

5. LEASE

July 19 to 21.

Pull tubing check for leaks ran to 6100' squeeze 40 sacks into formation spot 35 and 35 plug over perforation from 6038 to 56' and 6077 to 85' pull to 4300' and spot 60 sacks plug at base of Mesa Verde section lay down tubing work casing and shoot at 2154' pull and lay down 54 jt's 52" 15.5# casing run 2250' 2" tubing, spot 60 sacks plug 100' in and 100' cut of casing stub at top of Mesa Verde section pull to 1800' spot 60 seeks at base of Pictured Cliffs pull to 465' spot 40 sacks plug pull-and-spot 10-machs surface plug. All connection cut 4' below ground level, no dry help confer required (Agricultural area).

Subsurface Safety Valve: Manu. and Type ____ Set @ ___ Ft. 18. I hereby certify that the foregoing is true and correct TITLE Superintendent DATE (This space for Federal or State office use) TITLE APPROVED BY CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

DISTRICT OIL & GAS SUPERVISOR

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