

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
Beta Development Company ✓
3. ADDRESS OF OPERATOR
238 Petroleum Plaza Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1750' FSL & 1650' FWL ✓
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

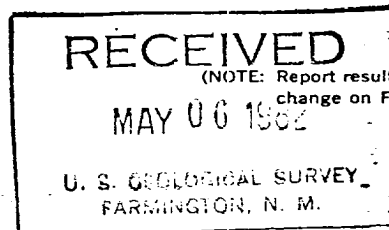
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) Temporarily abandon



5. LEASE
SF-078895 ✓
6. INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Holloway Federal ✓
9. WELL NO.
3 ✓
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 6, T-27N, R-11W ✓
12. COUNTY OR PARISH
San Juan
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6076 GR

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.)*

Justification for temporary abandonment:

This well has hole in casing and is not producing. Due to low deliverability of this well, our engineers are doing a study on estimated reserves to see if it is feasible to repair or replace this well.

Rig up work over unit, pull and inspect tubing, re-run tubing to 50' above Dakota perforations, spot a 50' cement plug, pull tubing up above plug and displace hole with corrosion treated fluid, land tubing and shut well in.

Prior to May 10, 1983, operator must submit intent to repair, w/o, recomplete or P&A this well.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED *[Signature]* TITLE Superintendent DATE April 5, 1982

APPROVED BY *[Signature]* DATE MAY 07 1982

FOR JAMES F. SIMS
DISTRICT ENGINEER

AS AMENDED

NMOCC