

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**NM-03877**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Fogelson 11**

9. WELL NO.

**2**

10. FIELD AND POOL, OR WILDCAT

**Basin Dakota**

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

**11-29N-11W N&P**

12. COUNTY OR PARISH 13. STATE

**San Juan New Mexico**

**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 ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

**Beta Development Company**

3. ADDRESS OF OPERATOR

**125 Petroleum Plaza, Farmington, N.M. 87401**

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

**890/S 890/E**

14. PERMIT NO.

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

**5662' G.L.**

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

**Find hole or holes in 4½" casing, squeeze with 450  
sacks cement 6% Gel + 2% Cal. cl. drill out and test  
casing, resqueeze if necessary, put well back on  
production.  
Use all safety and good oil field practices throughout  
job.**

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

SIGNED

*D. E. Bayler*

TITLE

**Superintendent**

DATE

**2-5-75**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE