

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Beta Development Company	8. FARM OR LEASE NAME Fogelson
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401	9. WELL NO. 1-11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FNL & 1120' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-29N, R-11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5628' GL	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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 checked="" 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) <input 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.) \*

Well History:

8-5/8" casing set @ 263' 11-8-60 cement circulated o.k.  
5 7/8" 15.5 ST&C Lone star casing set @ 6669' 11-24-60  
Cement 1st stage: 150 sx 8% Gel + 50 sx neat  
Cement 2nd stage: 100 sx 8% Gel good returns both stages  
2-3/8" tubing (224 jts) J-55 8rd set @ 6507' with bar collar bottom jt. 12-1-60.  
Test Dakota Formation:  
Rig up work over rig, pull and inspect tubing for holes, rerun tubing with Lok-set type packer with profile nipple on top of packer with on & off tool above this, run packer and set @ 6250' with tail pipe to 6550', swab well off and determine if Dakota Zone was damaged from mud and water from holes in casing, if well is found to be productive after being down for 3 1/2 years, set blanking tool in profile nipple, release on and off tool, spot 100# frac sand on top of tool, P.O.H. pick up packer, find holes in casing and squeeze all holes with cement, drill out cement, latch tubing back up, swab well off.  
If well is not productive, P & A and re-drill.

RECEIVED  
SEP 30 1985  
OIL CON. DIV.  
DIST. 3

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

SIGNED D. E. Crayton TITLE Superintendent

(This space for Federal or State office use)

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

DATE September 19, 1985

SEP 26 1985

\*See Instructions on Reverse Side

NMOCC