

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C. 20508
THIS FORM IS PREPARED BY THE GEOLOGICAL SURVEY

SP01113

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 work proposals.

1. TYPE OF WELL: ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Beta Development Co.

3. ADDRESS OF OPERATOR

234 Petroleum Club Plaza, Farmington, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any well requirements.)

See also space 17 below.
At surface

990/W 1700/W

14. PERMIT NO.

15. ELEVATIONS (Show whether of ST. or sea.)

3011' sea

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 COMPLETS

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

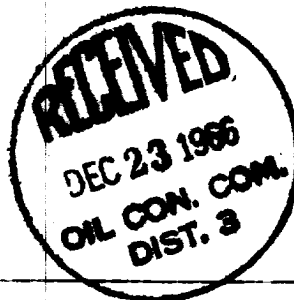
ABANDONMENT*

Note: Report Results of Subsequent Operations on Well
(Completion or Spontaneous Report and Logform.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated date of starting proposed work. If well is directionally drilled, give substantial headings and measured and true vertical depths for all sections and zones pertinent to this work.)

Repair casing leaks w/packer and Kem-Fac chemicals, as follows:

Rig up workover rig, circulate out mud, sand and shale to F.S. Circulate until hole is clean. PCH. Run Baker Model "B" production packer on wire line. Set packer just below Greenhorn section w/bump out plug to keep any water or mud from getting below packer. GRN w/ty., Model "B" locator and tail pipe. Spot Kem-Fac above Model set tail pipe down on bump out plug, run tail pipe through Model "B" and land locator seals in packer. Flange up well head, scrub well in and re-circulate if necessary.



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

SIGNED

Original signature
JOHN T. HAMPTON

TITLE

Manager

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

December 21, 1966