

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

SF-078171

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Aztec Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 24, T-30N, R-11W

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 WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Beta Development Co.

3. ADDRESS OF OPERATOR

238 Petroleum Plaza, Farmington, NM 87401

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

At surface

1560' FSL & 1850' FEL

14. PERMIT NO.

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

6170' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

Repair casing leak:

A recent bradenhead test indicated a casing leak close to the surface 8-8-84 and to comply with New Mexico State rule #108, we need to start repair work immediately, (See copy of letter from Energy & Minerals Dept., State of New Mexico)

Proposal:

Rig up work over unit, install B.O.P. load hole with 2% KCL water, set retrievable bridge plug @ 6800 + or -, run packer on tubing to 6500' + or -, test bridge plug and casing to 2500#, come up hole testing casing to 2500# as a D.V. tool was set @ 2745' & cemented with 525 sx 50-50 posmix 8% gel followed w/100 sx 50-50 posmix + 4% gel (9-2-64) with good circulation top of cement should be 600-900' from surface, as the Ojo Alamo section is 580-640', this is where we expect to find hole or holes in the production string, squeeze hole in casing with 150 to 400 sx of cement class "A" neat, W.O.C. 24 hrs. drill cement out of casing, test all casing to bridge plug 2500# retrieve bridge plug, swab well off, put back on production.

RECEIVED

AUG 17 1984

OIL CON. DIV.
DIST. 3

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

SIGNED

D. E. Bayler

TITLE

Superintendent

DATE

August 16, 1984

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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SUNDRY NOTICES AND REPORTS ON WELLS

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Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078171
2. NAME OF OPERATOR Beta Development Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 238 Petroleum Plaza, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1560' FSL & 1850' FEL		8. FARM OR LEASE NAME Aztec Federal
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6170' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		11. SEC., T., R., M., OR 1/4, AND SURVEY OR AREA Sec. 24, T-30N, R-11W
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
PELL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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SIGNED D. E. Carter TITLE Superintendent DATE August 16, 1984

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APPROVED BY _____ TITLE _____ DATE _____

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APPROVED

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