

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved
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	5. LEASE DESIGNATION AND SERIAL NO. SF-078138
2. NAME OF OPERATOR Beta Development Company	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 SW $\frac{1}{4}$ of NE $\frac{1}{4}$ 2220' FNL & 1540' FEL	8. FARM OR LEASE NAME Ross Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, or GR) 6022' GR	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-30N, R-11W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Response BLM letter <input checked="" type="checkbox"/>	
(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 4 $\frac{1}{2}$ " casing leak as previously approved
Will start repairs to squeeze hole or (holes) in csg. with all
partners approval.
This matter should be taking care of in the next 30 days.

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OIL CON. DIV.
DIST. 3

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

SIGNED D. E. Bayler TITLE Superintendent ACCEPTED FOR RECORD 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE NOV 18 1986

CONDITIONS OF APPROVAL, IF ANY: _____

FARMINGTON RESOURCE AREA
BY SMm

*See Instructions on Reverse Side

NMOCC