

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Beta Development Company

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

2220/FNL & 1540/FEL

RECEIVED

MAY 30 1986

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078138

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Ross Federal

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Basin Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 23, T-30N, R-11W

12. COUNTY OR PARISH  
San Juan

13. STATE  
New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, or BUREAU OF LAND MANAGEMENT)  
6022' GR FARMINGTON RESOURCE AREA

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Notification of shut-in <input checked="" 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 shut in but capable of producing in paying quantities, shut-in due to lack of market.

RECEIVED  
JUN 13 1986  
OIL CON. DIV.  
DIST. 28

This Approval Or Temporary  
Abandonment Expires 6-10-87

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

SIGNED D. E. Baxter TITLE Superintendent

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:  
SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

TITLE

DATE May 28, 1986  
APPROVED  
AS AMENDED  
DATE

\*See Instructions on Reverse Side

NMOCC

JUN 10 1986

John S. Kelly

AREA MANAGER