

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved
Budget Bureau No. 42-R1424

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐

2. NAME OF OPERATOR
Benson Mineral Group Inc.

3. ADDRESS OF OPERATOR 3200 Anaconda Tower,
555 17th. Street, Denver, Colo. 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1840' FSL. 1520' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
NM 6680

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Rusty 24-227

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Rusty Chora Extension

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 24 T22N, R9W
NMPM

12. COUNTY OR PARISH
Sandoval

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)
6839' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change of Operator ☒ Unplug loc

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Benson Mineral Group is now the operator of this well. It was formerly operated by Dome Petroleum Corp. & Minerals Management Inc. 501 Airport Drive, Farmington, New Mexico. The thirteen-point development plan remains intact except that point 12 should be changed to contact Kurt Nelson, Benson Minerals Group, 501 Airport Drive, Farmington, New Mexico 82401 Telephone 505-325-9557.

Subsurface Safety Valve: Manu. and Type

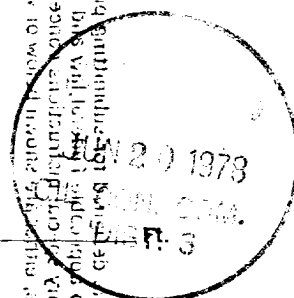
18. I hereby certify that the foregoing is true and correct.

SIGNED [Signature] TITLE Area Manager Minerals Mgmt. DATE 6/16/78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



045 USGS / 1- Dome / 1- Lilon / 1- Trend / 1- El Aguitaine / 1- Natl. Gas Pipeline / 1- Benson Min. Grp. / 1- fill