

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6674

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 10-21-5

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

Section 10-T21N-R5W

12. COUNTY OR PARISH 13. STATE

Sandoval

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Benson Mineral Group, Inc.

3. ADDRESS OF OPERATOR

3200 Anaconda Tower, 555 17th St., Denver, CO 80202

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

1170' FWL & 1100' FNL Section 10-T21N-R5W

14. PERMIT NO.

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

7175 GR

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Intent to P X A

REPAIRING WELL

ALTERING CASING

ABANDONMENT

(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.)*

Benson Mineral Group intends to plug and abandon this well as follows:

1. Spot cement plug 30' - surface and 1900-2200'.
2. Erect P x A marker.
3. Clean up and re-seed location.



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

SIGNED

Paul C. Ellison

TITLE Production Manager

DATE June 29, 1979

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side