Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

UNITED STATES

SUBMIT IN TRIPLICATE* (Other instructions on re-

Form approved. Budget Bureau No. 42-R1424.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

DEPARIMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY		S. LEASE DESIGNATION AND SERIAL NO. NM - 7008
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.)		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		7. UNIT AGREEMENT NAME
OIL GAS X OTHER		
2. NAME OF OPERATOR		8. FARM OR LEASE NAME
Benson Mineral Group, Inc.		Federal 28-22-6
3. ADDRESS OF OPERATOR		9. WELL NO.
3200 Anaconda Tower, 555 17th Street, Denver, CO 80202		1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT Wildcat
800' FNL and 860' FWL Section 28-T22N-R6W		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Section 28-T22N-R6W NW42
14. PERMIT NO. 1	5. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
:	6957 GR	Sandoval NM
16. Check Appro	priate Box To Indicate Nature of Notice, Repor	t, or Other Data SUBSEQUENT REPORT OF:

SHOOT OR ACIDIZE CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other)

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.)* proposed work. I nent to this work.)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

7-31-78: Perf 1834-38; 1844-84; 1904-10; 1933-90; 2010-14;

2020-25; 2038-43 with one shot per foot.

8-7-78: Foam frac with 53,000 # 10-20 sand, 26,500 gallons

70% Quality foam.

PULL OR ALTER CASING

ABANDON*

18. I hereby certify that the the paris true and correct	TITLE _	Production Manager	DATE August 8, 1978
Paul C. Ellison (This space for Federal or State office use)			THE STATE OF
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		AUG 1 0 1978