-331
963

## UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE\* Other instructions on reverse side)

Form approved. Budget/Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7448

GEOLOGICAL SURVEY						
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.)

GAS WELL X

NAME OF OPERATOR Benson Mineral Group, Inc.

OTHER

ADDRESS OF OPERATOR 3200 Anaconda Tower, 555 17th Street, Denver, CO

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.

See also space 17 below.)

At surface

1090' FSL and 1160' FEL, Section 15-T21N-R2W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7165 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 15-21-2 9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

Dak Wildcat 11. SEC., T., R., M., OR BLK. AND SURVEY OR ABEA

Section 15-T21N-R2W

12. COUNTY OR PARISH | 13. STATE Sandoval NM.

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON\* REPAIR WELL CHANGE PLANS

SUBSEQUENT REPORT OF: WATER SHUT-OFF REPAIRING WELL FRACTURE TREATMENT ALTERING CASING SHOOTING OR ACIDIZING ABANDON MENT Drilling

(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.) \*

9-30-78:

Move in and rig up B & N Rig 6. Drill to 693'.

(Other)

10-1-78:

Repairing rotary table transmission.

10-2-78:

Drill to 1630'.

18. I hereby cert true and correct SIGNED

Ellison

TITLE .

Production Manager

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

6 1978