	UNITED STATES SUBMIT IN TRIPLICATE* DEPARTMENT OF THE INTERIOR (Other instructions on re- verse side) GEOLOGICAL SURVEY	Form approve Budget Burea 5. LEASE DESIGNATION NM - 8899	u 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 "APPLICATION FOR PERMIT—" for such proposals.)	6. IF INDIAN, ALLOTTEE	OR TRIBE NAME
	OIL GAS WELL WELL OTHER	7. UNIT AGREEMENT NA	ME
2.	Name of Operator Benson Mineral Group, Inc.	8. FARM OR LEASE NAME Federal 25-22-7	
3.	3200 Anaconda Tower, 555 17th Street, Denver, CO 80202	9. WELL NO.	
	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 Rusty Chacra	
		11. SEC., T., R., M., OR B SURVEY OR AREA	LK. AND
	1060' FNL and 1470' FEL Section 25-T22N-R7W	Section 25-T22N-R7W	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	6838 GR	Sandova1	NM
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or C	ther Data	
	NOTICE OF INTENTION TO: SUBSEQU	ENT REPORT OF:	
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE FRACTURE TREATMENT SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDIZING	REPAIRING W ALTERING CA ABANDONMEN	SING

REPAIR WELL

(Other)

CHANGE FLANS

(Other)

Set casing

(Note: Report results of multiple completion on Well

Completion or Recompletion Report and Log form.)

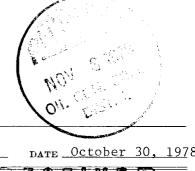
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

10-24-78: Spud. 7" Casing set at 100' GR. with 50 sacks cement,

circulate.

10-27-78: TD 1770'. $4\frac{1}{2}$ " Casing set at 1768' with 210 sacks cement,

circulate.



			O11. 12131
8. I hereby certify that the company is true and correct			Carried Control of the Control of th
Paul C. Ellison	TITLE	Production Manager	DATE October 30, 1978
(This space for Federal or State office use)		_	GEIVEN
CONDITIONS OF APPROVAL, IF ANY:	TITLE _		NOV 1 1079