

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM - 7012

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

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, CO 80202

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

1060' FNL and 950' FWL Section 17-T22N-R8W

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 17-22-8

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Wildcat *Chase*

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

Section 17-T22N-R8W

NW 1/4

14. PERMIT NO.

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

6724 GR

12. COUNTY OR PARISH

San Juan

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

7-31-78: Spud 20:30.

8-1-78: Drilling at 105'. Set 7" casing at 100' GR.
Cement with 50 sacks Class "B" Neat. Circulate.

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

SIGNED

Paul C. Ellison
Paul C. Ellison

TITLE

Production Manager

DATE

August 1, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side