

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. Fed. 022268-A
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM. 40684
3. ADDRESS OF OPERATOR 221 Petroleum Bldg., Farmington, NM 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL 1650' FWL, Section 32, T25N, R1E	8. FARM OR LEASE NAME Federal 17-32
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7010' DF	10. FIELD AND POOL, OR WILDCAT East Puerto Chiquito Mancos
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T25N, R1E
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) Progress Report P&A Operations	

(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.)*

Operator has plugging rig and equipment on location. Access road improving. Expect to resume operations in next week or so and complete P & A as approved by BLM on Sundry Notice.

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

SIGNATURE Virgil L. Stoabs TITLE Vice President
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

NMOCG

*See Instructions on Reverse Side

RECEIVED
DEC 11 1988
BUREAU OF LAND MANAGEMENT
FARMINGTON, NEW MEXICO

DATE 12/05/88

DEC 9 1988

DATE

JAMES E. EDWARDS
FARMINGTON, NEW MEXICO