

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYREPEAT IN TRIPLICATE  
OTHER INSTRUCTIONS ON RE-  
VERSE SIDEForm Approved  
Bureau No. 42-R1424  
LEASE DESIGNATION AND SERIAL NO.

NM- 6687

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Benson Mineral Group, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 3200 Anaconda Tower, 555 17th Street, Denver, Colorado 80202		8. FARM OR LEASE NAME Federal 19-24-10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840' FSL & 800' FWL Section 19-T24N-R10W		9. WELL NO. 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6503 GR	
		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 19-T24N-R10W NW SW	
		12. COUNTY OR PARISH San Juan	
		13. STATE New Mex.	

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

## NOTICE OF INTENTION TO:

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

## SUBSEQUENT REPORT OF:

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 type="checkbox"/>
(Other) Completion	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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.)\*

6-29-78: Road and location 100% complete.

6-30-78: Spud 15:00 6-30-78. Drill to 97'. 7" casing set at 95' with 50 sacks Class "B" neat, 3% CaCl. Rig down and move out spudder.

7-5-78: Move in and rig up B&amp;N Drilling Rig 6.

7-6-78: TD 654. Reduce hole to 6½" at 95' 01:00 7-6-78.

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

SIGNED

Paul C. Ellison

TITLE

Production Manager

DATE

July 6, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side