

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42 R1124.
5. LEASE DESIGNATION AND SERIAL NO.

NM-041

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water injection well		7. UNIT AGREEMENT NAME Puerto Chiquito ^{East} Mancos
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		9. WELL NO. 24 (F-6)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2400' FNL, 1990' FWL, Sec. 6, T-26N, R-1E		10. FIELD AND POOL, OR WILDCAT ^{East} Puerto Chiquito Mancos
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T-26N, R-1E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7319' RKB		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/> Re-complete	(Other) <input checked="" type="checkbox"/> X	(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.)*

Change of name: Formerly Puerto Chiquito #18 (F-6), new name East Puerto Chiquito Mancos Unit #24 (F-6).

Recompletion operations:

- Clean out open hole below 7" casing shoe at 3599' to TD 3815' with 6-1/8" bit.
- Run plastic lined tubing and Baker Model "R" packer for water and chemical injection.

Operator hereby requests approval to proceed with the above work on this well. An additional sundry notice will be submitted to request approval of commencement of actual water injection.

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

SIGNED [Signature] TITLE Vice-President DATE Dec. 11, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

APPROVED

FEB 11 1981

[Signature]
JAMES F. SIMS
DISTRICT OIL & GAS SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
JUN 1967
U.S. GOVERNMENT PRINTING OFFICE