

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 080312

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-Montin-Greer Drilling Corp.

3. ADDRESS OF OPERATOR

221 Petroleum Center Building, Farmington, NM 87401

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

At surface

395' FNL, 330' FWL, Sec. 4, T-26N, R-1E

14. PERMIT NO.

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

7171' RKB

7. UNIT AGREEMENT NAME East

Puerto Chiquito Mancos

8. FARM OR LEASE NAME

Puerto Chiquito

9. WELL NO.

20 (D-4)

10. FIELD AND POOL, OR WILDCAT

East Puerto Chiquito

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

Sec. 4, T-26N, R-1E

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

See Below

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

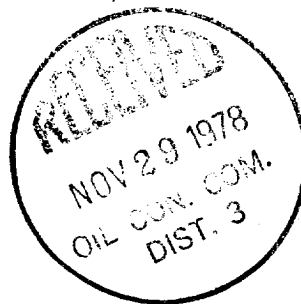
ALTERING CASING ☐

ABANDONMENT\* ☐

(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 requests postponement of plugging and abandoning of this well in order that it may be used as a gas injection well for pressure maintenance program of reservoir under the East Puerto Chiquito Mancos Unit.



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

SIGNED

*[Signature]*

TITLE

Vice-President

DATE

11-21-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: