

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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. NM 13807
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Bldg., Farmington, NM 87401		7. UNIT AGREEMENT NAME Canada Ojitos Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1685' FNL, 1860' FWL, Sec. 20, T-26N, R-1W		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7724' GR	9. WELL NO. 22 ( <del>13807</del> )
		10. FIELD AND POOL, OR WILDCAT Puerto Chiquito Mancos west
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-26N, R-1W
		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:		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) <u>Status Report</u>	<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.)\*

Operator plans are to move in completion rig when oilfield roads in area become passable.

*Work to commence by*  
~~5-7-83~~  
5-7-83

RECEIVED  
JAN 13 1983  
U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

RECEIVED  
JAN 18 1983  
OIL CON. DIV.]  
DIST. 3,

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

SIGNED [Signature] TITLE Vice-President DATE APPROVED 12/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 14 1983  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_  
JAMES F. SIMS  
DISTRICT ENGINEER

NMOCC  
\*See Instructions on Reverse Side