

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

(See other instructions on reverse side)

WELL COMPLETION OR RECOMPLETION REPORT AND LOG*

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other Injection well

b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☒ PLUG BACK ☐ DIFF. DESVR. ☐ 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)*
At surface **530' FNL, 1850' FWL, Sec. 28, T-27N, R-1E**

At top prod. interval reported below **Same**

At total depth **Same**

14. PERMIT NO. _____ DATE ISSUED _____

5. LEASE DESIGNATION AND SERIAL NO.
Contract 287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache

7. UNIT AGREEMENT NAME
East Puerto Chiquito

8. FARM OR LEASE NAME
Mancos

9. WELL NO.
16 (C-28)

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito Mancos

11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA
East

Sec. 28, T-27N, R-1E

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

15. DATE SPUNDED **11-20-80** 16. DATE T.D. REACHED **11-25-80** 17. DATE COMPL. (Ready to prod.) **12/2/80** 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* **7027' GR**

20. TOTAL DEPTH, MD & TVI **1900'** 21. PLUG BACK T.D., MD & TVD **1900** 22. IF MULTIPLE COMPL., HOW MANY* **1** 23. INTERVALS DRILLED BY **1876-1900**

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*
None

26. TYPE ELECTRIC AND OTHER LOGS RUN
Gamma Ray Density

27. WAS WELL CORED
No

CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
5 1/2		804	6 3/4	In place	
3 1/2	9.2	1724	4 3/4	50 SY	

LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)

TUBING RECORD

SIZE	DEPTH SET (MD)	PACKER SET (MD)
Injection tubing will be run at a later date		

31. PERFORATION RECORD (Interval, size and number)

None Open hole - 1724-1900

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
1876-1900	500 gallons HCl

33.* DATE FIRST PRODUCTION _____ PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) _____

WELL STATUS (Producing or shut-in)
Injection well

DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW, TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY _____

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE **Vice-President**

ACCEPTED FOR RECORD
DATE **2/1/82**

*(See Instructions and Spaces for Additional Data on Reverse Side)

Geologic tops on original Comp Report
NMOCG

MAR 03 1982
BY [Signature]