

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL <input type="checkbox"/>	GAS WELL <input type="checkbox"/>	DRY <input type="checkbox"/>	Other _____		
b. TYPE OF COMPLETION:		NEW WELL <input checked="" type="checkbox"/>	WORK OVER <input type="checkbox"/>	DEEP-EN <input type="checkbox"/>	PLUG BACK <input type="checkbox"/>	DIFF. RESVR. <input type="checkbox"/>	Other _____
2. NAME OF OPERATOR BENSON-MONTIN-GREER DRILLING CORP.							
3. ADDRESS OF OPERATOR 158 Petroleum Center Bldg., Farmington, New Mexico							
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 825' PSL, 825' PRL, Sec. 20, T-27N, R-1E At top prod. interval reported below Same At total depth Same							
14. PERMIT NO.				DATE ISSUED			
15. DATE SPUDDED		16. DATE T.D. REACHED		17. DATE COMPL. (Ready to prod.)		18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	
9-7-63		10-15-63		10-15-63		6965' RKB	
20. TOTAL DEPTH, MD & TVD		21. PLUG, BACK T.D., MD & TVD		22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY	
2202'						To 1930	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 1930 - 2202' Gallup						25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN None						27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)		HOLE SIZE	
10-3/4"		32.75#		99'		14"	
7"		20#		1929'		8-3/4"	
29. LINER RECORD							
SIZE		TOP (MD)		BOTTOM (MD)		SACKS CEMENT*	
None							
30. TUBING RECORD							
SIZE		DEPTH SET (MD)		PACKER SET (MD)			
2-3/8"		2150					
31. PERFORATION RECORD (Interval, size and number)							
None							
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.							
DEPTH INTERVAL (MD)				AMOUNT AND KIND OF MATERIAL USED			
				None			
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
10-15-63 (testing)		Pump				Producing	
DATE OF TEST		HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
12-2-63		24		-		→	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE		OIL—BBL.	
-		-		→		15	
						TSM	
						None	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) Vented							
35. LIST OF ATTACHMENTS None							
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records.							
SIGNED		TITLE				DATE	
		Vice-President				12-2-63	

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