Form 9-331
(May 1963)

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.
CONTRACT 403

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JICARILLA APACHE

7. UNIT AGREEMENT NAME

1.

OIL WELL [X] GAS WELL [ ] OTHER

8. FARM OR LEASE NAME
JICARILLA 403

2. NAME OF OPERATOR
BENSON-MONTIN-GREER DRILLING CORP.

9. WELL NO.
1 (I-17)

3. ADDRESS OF OPERATOR
221 Petroleum Center Building, Farmington NM 87401

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito

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

1900 FSL, 460' FEL, Sec. 17. T-27N, R-1W

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 17, T-27N, R-1W

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7537' GR

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 [ ]
FRACTURE TREAT [ ]
SHOOT OR ACIDIZE [ ]
REPAIR WELL [ ]
(Other)

PULL OR ALTER CASING [ ]
MULTIPLE COMPLETE [ ]
ABANDON* [ ]
CHANGE PLANS [ ]

WATER SHUT-OFF [X]
FRACTURE TREATMENT [ ]
SHOOTING OR ACIDIZING [ ]
(Other) _____
(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [ ]

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.)*

9-23-77   TD 329' in 15" hole. Ran 8 joints 309' of 10-3/4" OD 42#
K-55 casing, set at 320' RKB, cemented with 275 sacks cement,
2% calcium chloride. Circulated good cement to surface.

Pressured up on casing to 500#. No pressure decrease.
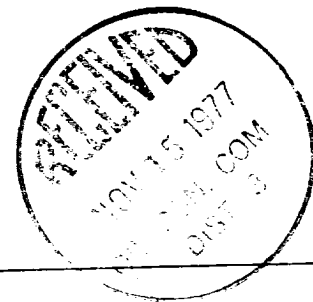
18. I hereby certify that the foregoing is true and correct.

SIGNED _____   TITLE __Vice-President__   DATE __10-24-77__

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side