Form 9-331 (May 1963)

16.

UNITED STATES

SUBMIT IN TRIPLICATE*
(Other instructions on re-

Form approved, Budget Bureau No. 42-R1424.

DEPARTM GE	JICARILLA 403 6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE		
SUNDRY NOTIC (Do rot use this form for proposal Use "APPLICAT			
OIL GAS WELL OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR BENSON-MONTIN-GREER D	8. FARM OR LEASE NAME JICARILLA 403		
3. ADDRESS OF OPERATOR 221 Petroleum Center	9. WELL NO. 1 (I-17)		
4. LOCATION OF WELL (Report location cleans space 17 below.) At surface	West Puerto Chiquito		
1900' FSL, 460' FEL,	Sec. 17, T-27N, R-1W		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
	7537' GR	Rio Arriba New Mexic	

Charle Appropriate Box To Indicate Nature of Notice, Report, or Other Data

Check Appropriate Box to indicate intuitie of france, report, or other action						
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:				
TEST WITER SHIT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (NOTE: Report recompletion or Recompletion or Recompletion)	enlts of	MEPAIRING WELL ALTERING CASING ABANDONMENT* multiple completion on Well on Report and Log form.)
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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.)*

TD 7200'. Ran 13 joints 428.86' TO of $4\frac{1}{2}$ " OD 11.6# N-80 liner. Ran liner to TD 7186'. Cemented as follows: Pumped 10 barrels water at 4 barrels per minute, pumped 16 barrels cement at 4 barrels per minute, 75 sacks Class B regular. Displaced with 56 barrels water. 11- 5-77

18. I hereby certify that the foregoing is true and correct		Vice-President	DATE _11-29-77
(This space for Federal or State office use)			
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE _		DATE