

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

JICARILLA 403

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA TRIBAL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla 403

9. WELL NO.

1 (I-17)

10. FIELD AND POOL, OR WILDCAT

West Puerto Chiquito

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 17, T-27N, R-1W

12. COUNTY OR PARISH

13. STATE

Rio Arriba New Mexico

1. OIL WELL ☒ GAS WELL ☐ 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.*
See also space 1" below.)
At surface

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

14. PERMIT NO.

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

7537' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

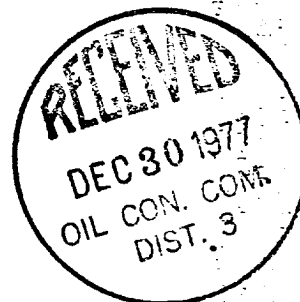
ABANDONMENT*

(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.)*

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Injection rate 5 barrels per minute. Pressure 1250# to 1300#. Flushed with 50 barrels YF-4 mixture. Injection rate 15 barrels per minute. Pressure 1600# to 1900#. Inst. SDP 600#. 15-min. SIP 300#. 60-min. SIP zero.



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

SIGNATURE

TITLE

Vice-President

DATE 12-28-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side