

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT 237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA TRIBAL

7. UNIT AGREEMENT NAME

East Puerto Chiquito

8. FARM OR LEASE NAME Mancos

9. WELL NO.

41 (F-20)

10. FIELD AND POOL, OR WILDCAT

East Puerto Chiquito

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

Sec. 20, T-27N, R-1E

12. COUNTY OR PARISH

Rio Arriba

13. STATE

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 17 below.)
At surface
1900' FNL, 2008' FWL, Sec. 20, T-27N, R-1E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6998' 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 ☐

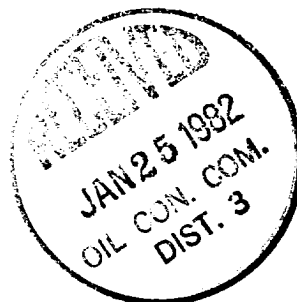
SUBSEQUENT REPORT OF:

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).*

11-19-81 Set Baker Model R packer at 3780'. Acidized perforations with 1200 gallons 15% HCL. Spotted acid over perforated intervals. Pulled 5 joints tubing and set packer at 3616' with open-ended tubing at 3840. Commenced pumping acid. Average treating pressure 2000# (broke to 1500#), injection rate 3 BPM, inst. SIP 1150#.

Rigged up to frac.



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

SIGNED

TITLE Vice-President

DATE 1-20-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NIMCOO

FAC. DIST. DIST.

504