O. LYAKE DESIGNATION AND REGIAL NO. CONTRACT 237

FIGURACI 23:

| CHNDRY | NOTICES | AND | REPORTS | ON | -WELLS: |
|--------|---------|-----|---------|----|---------|

Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.

Jicarilla Tribal

| Use "AP | PLICATION FOR PERSON TO SHOW PRO | oposa:s. | | | | |
|---|--|---|---|------------|--|--|
| | | | 7. UNIT AGREEMENT NAME | | | |
| WELL X WELL OTE | East Puerto Chiquito | | | | | |
| NAME OF OPERATOR | | | 8. FARM OR LEASE NAM | mancos | | |
| BENSON-MONTIN-GRE | ER DRILLING CORP. | | | | | |
| ADDRESS OF OPERATOR | | | 9. WELL NO. | | | |
| | , #221, Farmington N | | 41 (F-2 | | | |
| LOCATION OF WELL (Leport location clearly and in accordance with any State requirements.* | | | 10. FIELD AND POOL, OF | R WILDCAT | | |
| See also space 17 below.: At surface | | | Puerto Chin | <u> </u> | | |
| 1900' FNL, 2008' FWL, Sec. 20, T-27N 定程 V = - | | | 11. SEC., T., R., M., OR B SURVEY OR AREA | ILK. AND | | |
| | | | \$ec. 20. T- | 27N, R-1E | | |
| | 1 | <u> </u> | l | • | | |
| | | RT CR PER V | 12. COUNTY OR PARISH 13. STATE | | | |
| 14. PERMIT NO. | | | Rio Arriba | New Mexico | | |
| | 6998' GR | المالية | RIO ATTIBA | New Mexico | | |
| 6. Chec | k Appropriate Box To Indicate No | ature of Notice, Report, or C | Other Data | | | |
| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | | | | |
| TEST WATER SHUT-OFF | PULL OR ALTER CASING | WATER SHUT-OFF | REPAIRING F | VELL | | |
| FRACTURE TREAT | MULTIPLE COMPLETE | FRACTURE TREATMENT | ALTERING CA | ASING | | |
| SHOOT OR ACIDIZE | ABANDON* | SHOOTING OR ACIDIZING | ABANDONMEN | T* | | |
| ; | CHANGE PLANS | (Other) Status | Report | X | | |
| REPAIR WELL (Other) | CHANGE LEANS | (Note: Report results | of multiple completion etion Report and Log for | on Well | | |
| 1342.7 | G1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | details and nine postinont dates | | | | |

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.)

As of July 23, 1982:

Operator plans to stimulate perforated intervals and test after stimulation within sixty days.



| 8. I hereby certify that the foregoing is true and correct SIGNESS | TITLE _ | Vice-President | DATE | 7-23 - 82 |
|--|---------|----------------|-------------------------|------------------|
| (This space for Federal or State office use) | | | ACCEPTED FOR RE | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE _ | | Liferi Britis Lou uronn | |
| | | | ACO 5 | 1982 |

*See Instructions on Reverse Side

IMOCC!

FARMPIOTONI CON OF