

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
Other Instructions on Form 8-72

Form approved
Budget Bureau No. 42-R1424
6. LEASE DESIGNATION AND SERIAL NO.

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. UNIT AGREEMENT NAME East Puerto Chiquito Mancos	
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		9. WELL NO. 41 (F-20)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 19C0' FNL, 2008' FWL, Sec. 20, T27N, R1E		10. FIELD AND POOL, OR WILDCAT East Puerto Chiquito Mancos	
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 20, R27N, R1E	
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 6998' GL		12. COUNTY OR PARISH, 13. STATE Rio Arriba NM	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) Status report ☒	
(Other) ☐		(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.)*			

Waiting on completion rig. RECEIVED

DEC 16 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

18. I hereby certify that the foregoing is true and correct.
SIGNATURE *[Signature]* TITLE Vice President DATE 12-15-83
(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

DEC 20 1983

NMOCC

FARMINGTON RESOURCE AREA

BY *[Signature]*