

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

5. LEASE DESIGNATION AND SERIAL NO.

CONTRACT 287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICARILLA APACHE

7. UNIT AGREEMENT NAME East

Puerto Chiquito Mancos

8. FARM OR LEASE NAME

9. WELL NO.

39 (E-21)

10. FIELD AND POOL, OR WILDCAT

Puerto Chiquito Mancos

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

Sec. 21, T-27N, R-1E

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

## SUJNDRY 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 ☐

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  
1855' FNL, 610' FWL, Sec. 21, T-27N, R-1E

14. PERMIT NO.

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

6915' 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\* ☐

X

(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.)\*

2- 6-81 Spudded pilot hole.



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

SIGNED

TITLE Vice-President

DATE 8-26-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

BY

Sam