

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. Contract 287
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Apache
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		7. UNIT AGREEMENT NAME East Puerto Chiquito Mancos
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		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 39 (E-21)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6915' GR		10. FIELD AND POOL, OR WILDCAT Puerto Chiquito Mancos East
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 21 T-27N R-1E
		12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Status Report <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)

Operator testing Greenhorn formation in attempt to establish stabilized rate of oil, gas, and water production.

Status Report as of July 1, 1983.

Acid fraced Greenhorn formation with 10,000 gallons Dowell super x emulsion acid phase - 83,000 gallons gelled water and 96,000 pounds 20-40 sand.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE Vice-President DATE July 1, 1983

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUL 13 1983

*See Instructions on Reverse Side

NM000

FARMINGTON DISTRICT
BY [Signature]