

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Indian

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

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

660' FSL 1920' FEL, Section 21, T27N R1E, NMPM

14. PERMIT NO.

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

6913' GR DF

5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla 287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribal

7. UNIT AGREEMENT NAME

East Puerto Chiquito Mancos

8. FARM OR LEASE NAME

Jicarilla 287 #4

9. WELL NO.

42 (0-21)

10. FIELD AND POOL, OR WILDCAT

East Puerto Chiquito Mancos

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

Section 21, T27N R1E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

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).*

Operator will rework to inject gas in well for pressure maintenance.

This is in response to Bureau of Land Management letter
Jic. Cont. 235 et al. (WC)
3162.3-2 (019)

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

SIGNED

Virgil L. Stroabs

TITLE

Vice President

DATE

Sept. 9, 1988

This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

SEP 19 1988

FULLER MANAGER

*See Instructions on Reverse Side