io	rm 3160-5 pvember 1983) prmerly 9-331) DEPARTMENT OF THE INTER		Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO.
	BUREAU OF LAND MANAGEME		Jicarilla 235 6. IF INDIAN. ALLOTTEE OR TRIBE NAME
	SUNDRY NOTICES AND REPORTS (Do not use this form for proposals to drill or to deepen or plu Use "APPLICATION FOR PERMIT—" for such	ON WELLS g back to a different reservoir. a proposals.	Jicarilla Tribal
₂ -	OIL X GAS WELL OTHER	SEP IS AMID: 21	East Puerto Chiquito Mancos
	Benson-Montin-Greer Drilling Corp.	· 문의 사람 중요하는 (의 1기 호텔목출	Unit
3.	ADDRESS OF OPERATOR FARM	AINGTON, NEW MEXICO	9. WELL NO.
	221 Petroleum Center Building, Farmington, NM 8/401		18 (P-13) 10. FIELD AND POOL, OR WILDCAT
4.	LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		East Puerto Chiquito Mancos
	825' FSL 495' FEL, Section 13, T27N R1W, NMPM		SURVET OR ARMA
	025 FSL 495 FEL, Section 13, 12/N KIW	, NHIPI	Section 13, T27N R1W
14.	PERMIT NO. 15. ELEVATIONS (Show whether	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
			Rio Arriba New Mexico
16.	Ct. I A Por To Indiana	Network Network Person of O	when Data
	Check Appropriate Box 10 indicate Figure of Figure , Report, of C		ENT REPORT OF:
	NOTICE OF INTENTION TO:	BUBBEQU	The state of the s
	TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
	FRACTURE TREAT NULTIPLE COMPLETE SROOT OR ACIDIZ'S ABANDON*	FRACTURE TREATMENT SHOOTING OR ACIDIZING	ALTERING CASING ABANDON MENT®
	SROOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS	(Other)	
	(Other) Complete as water source well X	Norm: Report results	of multiple completion on Well etion Report and Log form.)
	well will be completed to produce Dako equipment will be installed. Produced Chiquito Mancos Unit enhanced oil reco	ta formation water - wa water will be used for	iter production
	This is in response to Bureau of Land I Jic. Cont. 235 et al. (WC) 3162.3-2 (019)	The first of the control of the cont	
18.	I bereby certify that the foregoing is true and correct SINDS VITGIL L. Stoabs (This space for Federal or State office use)	Vice President	DATE Sept. 9, 1988
	APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:		*APPROVED

*See Instructions on Reverse Side