

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. Jicarilla 235
2. Name of Operator Benson-Montin-Greer Drilling Corp.	6. If Indian, Allottee or Tribe Name Jicarilla Tribal
3. Address and Telephone No. 221 Petroleum Center Bldg., Farmington, NM 87401 (505) 325-8874	7. If Unit or CA, Agreement Designation East Puerto Chiquito Mancos
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 825' FSL, 495' FEL, Section 13, Township 27N, Range 1W, NMPM	8. Well Name and No. EPCMU #18 (P-13)
	9. API Well No.
	10. Field and Pool, or Exploratory Area East Puerto Chiquito Mancos
	11. County or Parish, State Rio Arriba, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Complete as Water Source Well</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Response to Bureau of Land Management letter dated October 1, 1992 operator will complete well #18 (P-13) as a water source well from Dakota formation for EPCMU secondary/tertiary recovery program pending successful injectivity tests on wells #24 (F-6), test now underway, and well #19 (H-25) scheduled to be tested following completion of test on #24 (F-6).

Accordingly, operator requests "long term shut-in" status on this well.

THIS APPROVAL EXPIRES SEP 01 1993

14. I hereby certify that the foregoing is true and correct	Virgil L. Stoabs
Signed <u>Virgil L. Stoabs</u>	Title Vice-President
(This space for Federal or State office use)	
Approved by _____	Title _____
Conditions of approval, if any:	

10/28/92
APPROVED
Date OCT 30 1992
AREA MANAGER