

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

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

SUNDRY NOTICES AND REPORTS OF PERMITS

(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		NOV 06 1985		5. LEASE DESIGNATION AND SERIAL NO. SF NM 080508	
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FNL, 530' FWL, Sec. 17, T30N, R15W				8. FARM OR LEASE NAME Harrington	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT Horseshoe Gallup	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T30N, R15W	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 5370' GR		12. COUNTY OR PARISH San Juan	
				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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input 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.)\*

Cement plug #1 - 4-1/2" casing perforations from 4131 to 4141' with 50 cubic feet cement slurry.

Plan to shoot off 4-1/2" casing at approximately 3000' (top of cement by temperature survey at 3590').

Cement plug #2 - top of shot off 4-1/2" casing to 100' plus up the hole with 50 cubic feet cement slurry.

Cement plug #3 - 50' below surface pipe (92' plus 50' equals 142') from 145' to surface with 65 cubic feet cement slurry. Accordingly the plug will be 145' to surface.

Erect dry hole marker and complete surface restoration in accordance with Bureau of Land Management requirements.

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

SIGNED [Signature]

TITLE Vice President

DATE 11/04/85

(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

RECEIVED

NOV 15 1985

\*See Instructions on Reverse Side

NMOC DIST. 3

NOV 13 1985

DATE

AREA MANAGER  
FARMINGTON RESOURCE AREA