

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-83

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Ute Mountain

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain

9. WELL NO.

#9

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

22-31N-R14W

12. COUNTY OR PARISH 13. STATE

San Juan NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Benson-Montin-Greer Drilling Corp

3. ADDRESS OF OPERATOR
221 Petroleum Center Bldg. Farmington, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' from South line, 660' from West line, Sec.22

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
5603 Gr.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

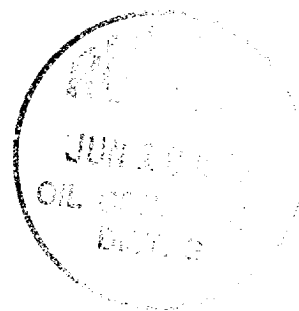
ABANDONMENT*

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(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 requests approval to extend temporary abandonment status on this well pending outcome of possible water flood leak off into producing zones.



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

SIGNED

W. L. Stobbs

TITLE Vice-President

DATE 6-14-79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE