TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side.) UNITED STATES

Budget Bureau No. 42 E1424 5. LEASE DESIGNATION AND SULTAL NO

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

Change Operator

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

GEOLOGICAL SURVEY		14-20-604-83
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.)		Ute Mountain
OIL GAS GAS WELL O	THER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
Benson-Montin-	Ute Mountain	
221 Petroleum Center Bldg. Farmington NM		#7
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*</li> <li>See also space 17 below.)</li> <li>At surface</li> </ol>		10. FIELD AND POOL, OR WILDCAT  Verde Gallup
1980' south	of 1980' West of Sec. 21	11. SEC., T., B., M., OR BLK. AND SUBVEY OR AREA  21-31N-R14W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	5626 <b>G</b> R	San Juan NM
16. Che	eck Appropriate Box To Indicate Nature of Notice, Report, o	or Other Data
NOTICE (	of intention to:	SEQUENT REPORT OF:

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

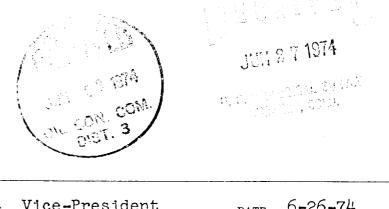
WATER SHUT-OFF

(Other)

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Change operator from Engineering & Production Service, Inc. to Benson-Montin-Greer Drilling Corp. Effective May 1, 1974



18. I hereby certify that the foregoing is true and correspond to the signer of the si	TITLE Vice-President	DATE 6-26-74
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE