

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

14-20-604-83

6. IF INDIAN, APPLICABLE OR TRIBE NAME

Ute Mountain

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ute Mountain

9. WELL NO.

#11

10. FIELD AND POOL, OR WILDCAT

Verde Gallup

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

21-31N-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
639' from North line, 500' from East line of Sec.21

14. PERMIT NO.

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

5707

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

Change Operator

(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.)*

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 correct

SIGNED

TITLE

Vice-President

DATE

6-26-74

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side