

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 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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-83
2. NAME OF OPERATOR Benson-Montin-Montin Greer Drilling Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribal
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 660' FNL, 1690' FWL, Sec. 22, T31N, R14W	8. FARM OR LEASE NAME Ute Mountain Tribal
14. PERMIT NO.	9. WELL NO. 14
15. ELEVATIONS (Show whether DF, AT, GR, etc.) 5669' GR	10. FIELD AND POOL, OR WILDCAT Verde Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T31N, R14W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) Temporary Abandonment ☒	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☐	

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

17. WELLS 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 for temporary abandonment of well.

RECEIVED
OCT 15 1985
DIST. 3

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

SIGNED <u>[Signature]</u>	TITLE <u>Vice President</u>	DATE <u>1/17/85</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>Mr. M.</u>	DATE <u>1/17/85</u>
CONDITIONS OF APPROVAL, IF ANY:		

APPROVAL NOT VALID
NOT TO EXCEED YEAR.

OPERATOR'S COPY [Signature]
*See Instructions on Reverse Side