Submit 3 Copies To Appropriate District	State of New Mexico			Form C-103
Office - District I	Energy, Minerals and Natural Resources		WELL API NO.	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240				
District II	OIL CONSERVATION DIVISION		30-039-27810	
1301 W. Grand Ave., Artesia, NM 88210 District III			5. Indicate Type	
1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		STATE	☐ FEE ☑
District IV	Santa Fe, NM 87505		6. State Oil &	Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM				
SUNDRY NOTICES AND REPORTS ON WELLS			7 I N	and Their Annual and
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				e or Unit Agreement
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			Name:	
PROPOSALS.)		2000	Page	
1. Type of Well:				
Oil Well Gas Well Other				
2. Name of Operator			8. Well No.	
Benson-Montin-Greer Drilling Corp.			1 (I-19)	
3. Address of Operator			9. Pool name or Wildcat	
4900 College Boulevard, Farmington, NM 87402			Basin Fruitland/Gavilan PC	
4. Well Location				
Unit Letter I: 1980 feet from the south line and 665 feet from the east line				
Section 19		inge 2W	NMPM	County Rio Arriba
Elevation (Show whether DR, RKB, RT, GR, etc.) 7143' GL				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT <u>R</u> I	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	K 🔲	ALTERING CASING
TEMPORARILY ARANDON COMMENCE RIVER OF THE AND COMMENCE RIVER OF THE AN				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND
PULL OR ALTER CASING	MULTIPLE	CASING TEST AN	ID 🗆	ABANDONMENT
TOLE ON ALTEN OAOMO	COMPLETION	CEMENT JOB	L	
		022.11.002		
OTHER: Initial Completion	<u></u>	OTHER:		
12. Describe proposed or complete	d operations. (Clearly state all per	inent details, and giv	e pertinent dates,	including estimated date of
starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or				
recompletion.				
Perforate Pictured Cliffs 3526' to 3546', 1 shot per foot. Acidize with 500 gallons 15% HCl. Frac if necessary.				
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				. *
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
Thereby covery and the information above is true and complete to the best of my knowledge and bench.				
SIGNATURE Deve	TITLE	Production M	lanager	DATE1/7/2005
Type or print name Steve O	wen /			Telephone No. 325-8874
(This space for State use)	\sim \sim \sim	nun		JAN TO OF
	TA	SUPERVISOR	DISTRICT #3	
APPPROVED BY Mach	/ LemTITLE_			DATE
Conditions of approval, if any:				