

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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 for a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		DEC 03 1986	
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		5. WELL NO. 37 (0-3)	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1700' FNL 2310' GEL, Section 5, T24N, R1W		6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME Canada Ojitos Unit 8. FARM OR LEASE NAME Canada Ojitos Unit 9. FIELD AND POOL, OR WILDCAT West Puerto Chiquito Mancos 10. SEC., T., R., N., OR B.L. AND SURVEY OR AREA Sec. 5, T24N, R1W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 7507' GR	12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDISING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Correct sundry notice</u> <input checked="" type="checkbox"/>	

(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.) *

To correct sundry notice submitted 11/25/86 as to the weight of pipe.

11/25/86 TD 534' in 12-1/4" hole. Ran 9=5/8" K-55 36#, set at 526'. Cemented with 300 sacks (342 cubic feet) Class B cement with 2% calcium chloride. Circulated 30 barrels to surface.

RECEIVED
DEC 05 1986
OIL CON. DIV.
DIST. 3
12/02/86

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

SIGNED <u>[Signature]</u>	TITLE <u>President</u>	DATE <u>12/02/86</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOCC

ACCEPTED FOR RECORD
DEC 01 1986
FARMINGTON RESOURCE AREA
1092