

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0125
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 well.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		DEC 23 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, New Mexico 87401		7. UNIT AGREEMENT NAME Canada Ojitos Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1200' FNL 300' GWL, Section 17, T25N, R1W		8. FARM OR LEASE NAME Canada Ojitos Unit	
14. PERMIT NO.		9. WELL NO. 35 (D-17)	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 7465' GR		10. FIELD AND POOL, OR WILDCAT West Puerto Chiquito Mancos	
		11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec. 17, T25N, R1W	
		12. COUNTY OR PARISH 13. STATE Rio Arriba New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Spud & Cement 9-5/8" Casing	<input checked="" type="checkbox"/>		<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.)*

12/16/86 Spudded well with 12-1/4" hole at 11:30 AM.

12/17/86 TD 538' in 12-1/4" hole. Ran 12 joints 9-5/8" K-55 36# set at 532'. Cemented with 351 cubic feet (300 sacks) Class B cement with 2% calcium chloride. Circulated 7 barrels cement to surface. Plug down at 6:55 PM.

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

SIGNED [Signature] TITLE Vice President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE DEC 23 1986

FARMINGTON RESOURCE AREA

BY [Signature]

*See Instructions on Reverse Side