

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.)

OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 28701	
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 221 Petroleum Center Bldg., Farmington, NM 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 1650' FNL 2310 FWL, Section 7, T25N, R1W		8. FARM OR LEASE NAME Canada Ojitos Unit	
14. PERMIT NO.		9. WELL NO. 38 (F-7)	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7442' GR		10. FIELD AND POOL, OR WILDCAT West Puerto Chiquito Mancos	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 7, T25N, R1W	
		12. COUNTY OR PARISH Rio Arriba	13. STATE New Mexico

16. 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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

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) RAN 5-1/2 & CEMENT <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.)*

11/02/87

TD 7800'. Ran 7772.40' of 5 1/2" casing (23# and 26#) N-80 set at 7768.40' RKB.

Cemented as follows:

Stage 1 Cemented out shoe with 20 sacks (25 cubic feet) 50/50 pozmix, followed with 147 sacks (235 cubic feet) RFC Class H cement.

Pressure tested to 1500 psig with zero drop in pressure in 30 minutes.

Stage 2 Cemented through stage collar @ 6179" with 175 sacks (385 cubic feet) 65/35 pozmix. Followed with 175 sacks (280 cubic feet) RFC Class H cement.

Pressure tested to 2500 psig with zero percent drop in pressure in 30 minutes.

Stage 3 Cemented through stage collar @ 3596' with 300 sacks (660 cubic feet) followed with 200 sacks (320 cubic feet) RFC cement.

Operator proposes to run cement bond log to locate exact top of cement.

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

SIGNED Virgil L. Stoabs

TITLE Vice President

DATE November 24, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOC