

November 1983;
formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

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 zone or depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

OIL WELL ☒ GAS WELL ☐ OTHER ☐

APR 29 1987

NAME OF OPERATOR

Benson-Montin-Greer Drilling Corp. BUREAU OF LAND MANAGEMENT

ADDRESS OF OPERATOR

221 Petroleum Center Building, Farmington, New Mexico FARMINGTON RESOURCE AREA

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface

850' FNL, 1030' FEL, Sec. 16, T-25N, R-1W

PERMIT NO.

15. ELEVATIONS (Show whether OF, HT, GR, etc.)

7340' RKB

5. LEASE DESIGNATION AND SERIAL NO.

Santa Fe 080421

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Canada Ojitos Unit

8. FARM OR LEASE NAME

9. WELL NO.

8 (A-16)

10. FUND AND POOL, OR WILDCAT

Puerto Chiquito

11. SEC., T., R., M., OR B.L.M. AND SURVEY OR AREA

Sec. 16, T-25N, R-1W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

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.)*

04/27/87

Operator proposes to perforate Niobrara Zones A & B. Perforations will then be acidized and sand fraced.

I hereby certify that the foregoing is true and correct

SIGNED Virgil L. Stoabs

TITLE Vice-President

(This space for Federal or State office use)

APPROVED BY CS CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE April 27, 1987

DATE MAY 04 1987

AFRICA MANAGER
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator	Benson-Montin-Greer Drilling Corp.		
Address	221 Petroleum Center Building, Farmington, NM 87401		
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Canada Ojitos Unit	8	West Puerto Chiquito Mancos	State, Federal or Fee Fed.	080421
Location				
Unit Letter	A	850 Feet From The North Line and 1030 Feet From The East		
Line of Section	16	Township 25N	Range 1W	NMPM, Rio Arriba County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
Ciniza Pipe Line, Inc.	P.O. Box 1887, Bloomfield, NM 87413				
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.	614 Reilly Ave., Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes When
	A	16	25N	1W	For reinjection 8/68

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

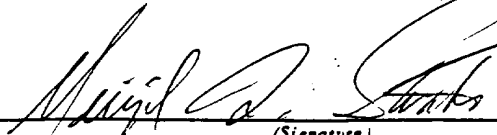
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
		AUG 13 1987	

GAS WELL

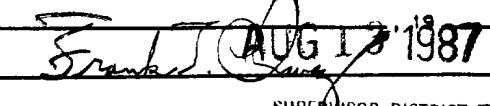
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Vice-President
(Title)
August 6, 1987
(Date)

OIL CONSERVATION COMMISSION

APPROVED  AUG 13 1987
BY
TITLE SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.