

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF-080312-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Benson-Montin-Greer Drilling Corp.

3. ADDRESS OF OPERATOR
221 Petroleum Center Bldg., Farmington, NM

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2070' FSL, 2055' FWL, Sec. 5, T26N, R1E

7. UNIT AGREEMENT NAME

East
Puerto Chiquito Mancos

8. FARM OR LEASE NAME

9. WELL NO.

#34 (K-5)

10. FIELD AND POOL, OR WILDCAT

East
Puerto Chiquito Mancos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 5, T26N, R1E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7083' GL

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other) Spud

REPAIRING WELL
ALTERING CASING
ABANDONMENT*
X

(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.)

6/14/83 Spudded well.

RECEIVED

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

SIGNED [Signature] TITLE Vice-President DATE June 23, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

JUN 29 1983

NMOCC

FARMINGTON DISTRICT

BY SMM