

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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 Building, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1900' FNL, 2008' FWL, Sec. 20 T-27N R-1E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6998' GR

5. LEASE DESIGNATION AND SERIAL NO.
Contract 237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Tribal
East Puerto Chiquito Mancos

7. UNIT AGREEMENT NAME
Mancos

8. FARM OR LEASE NAME

9. WELL NO.
41 (F-20)

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito Mancos East

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20 T-27N R-1E

12. COUNTY OR PARISH
Rio Arriba

13. STATE
New Mexico

RECEIVED
JUL 11 1983

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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"/>	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 ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Status Report</u>	<input checked="" type="checkbox"/>
(Other) <input 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.) *

Operator proposes to resume completion efforts on this well in near future.

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

SIGNED [Signature] TITLE Vice-President DATE July 1, 1983

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

JUL 13 1983

*See Instructions on Reverse Side

NMOCC

FARMINGTON DISTRICT

BY [Signature]