UNITED STATES BUBMIT IN TRIPLICATES Other instructions on reverse side)

GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.
5. LEANE DESIGNATION AND SERIAL NO.

CONTRACT 287

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.

JICARILLA APACHE

Use "APPLICATION FOR PERMIT-" for such	proposals.)		
1.	7. UNIT AGREEMENT NAME East		
OIL GAS OTHER	Puerto Chiquito Mancos		
2. NAME OF OPERATOR	8. FARM OR LEASE NAME		
BENSON-MONTIN-GREER DRILLING CORP.			
3. ADDRESS OF OPERATOR	9. WELL NO.		
221 Petroleum Center Building, Farm	ington NM 87401 39 (E-21)		
4. LOCATION OF WEL. (Report location clearly and in accordance with an			
See also space 17 below.) At surface	Puerto Chiquito Mancos		
1855' FNL, 610' FWL, Sec. 21, T-27N,	R-IE 11. SEC., T., R., M., OR BLK. AND East SCRUEY OR AREA		
	Sec. 21, T-27N, R-1E		
14. PERMIT NO. 15. ELEVATIONS (Show whether	or, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE		
	GR Rio Arriba New Mexico		
16. Check Appropriate Box To Indicate	Nature of Notice, Report, or Other Data		
NOTICE OF INTENTION TO:	SCHOOLQUENT REPORT OF:		
TEST WATER SHUT-OFF PULL OR ALTER CASING	WATER SHUT-OFF X REPAIRING WELL		
FRACTURE TREAT MULTIPLE COMPLETE	FRACTURE TREATMENT ALTERING CASING		
SHOOT OR ACIDIZE ABANDON*	SHOOTING OR ACIDIZINE ABANDONMENT*		
	(Other)		
REPAIR WELL CHANGE PLANS	(NOTE: Report results of multiple completion on Well		
(Other)	Completion or Excompletion Report and Log form.)		

7. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent details, 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.) •

- 4-23-81 TD 3392' RKB. Ran 106 joints (3398.46' TO, 3421.78' overall) $4\frac{1}{2}$ " OD 10.5# J-55 8 round Range 2 casing, cemented with 150 sacks Class B cement with no additives.
- 4-25-81 Pressured up on casing to 1000# for one hour. No decrease in pressure.

to true and greet

Vice-President

DATE 7-16-81

(This space for Federal or State office use)

18. I hereby certify

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE ____

EMOCO.