

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.  
CONTRACT 287

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME JICARILLA APACHE
2. NAME OF OPERATOR BENSON-MONTIN-GREER DRILLING CORP.	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington NM 87401	8. FARM OR LEASE NAME East Puerto Chiquito Mancos
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1855' FNL, 610' FWL, Sec. 21, T-27N, R-1E	9. WELL NO. 39 (E-21)
14. PERMIT NO. RECEIVED	10. FIELD AND POOL, OR WILDCAT East Puerto Chiquito Mancos
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6915' GR	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-27N, R-1E
	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"/>	WATER SHUT-OFF <input checked="" 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) <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.) \*

2-14-81 TD 105' in 6 $\frac{1}{4}$ " hole. Reamed 15" hole to 100'. Ran 3 joints 97.53' TO 10-3/4" OD 45# J-55 casing, cemented with 100 sacks Class D cement. Cement circulated.

2-15-81 Pressured up on casing to 500# for 30 minutes. No decrease in pressure.



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

SIGNED

TITLE

Vice-President

DATE

7-16-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

JUL 22 1981

FARMINGTON  
5913