

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Of the instructions on re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077978

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fullerton

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec. 28, T-28N, R-13W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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

790' FSL, 790' FEL, Sec. 28, T-28N, R-13W, N.M.P.M.

14. PERMIT NO.

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

5956' GR

16. 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) Proposed workover

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

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 plans to return well to productive status, probably as a stripper gas well.

Will move in rig, fish out tubing, clean out to plug-back total depth of 6204', put on production.

approved subject to the well being placed back on production within 60 days or a submittal of an intent to workover or abandon within the same time frame

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

SIGNED

TITLE Vice-President

DATE 1-5-82

(This space for Federal or State use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

For JAMES F. SIMS  
DISTRICT ENGINEER

AS AMENDED

\*See Instructions on Reverse Side

NMOCC