

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. 14-20-604-1891
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Mountain Tribal
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 960' FNL, 660' FWL, Sec. 28, T31N, R14W		8. FARM OR LEASE NAME Ute Mountain Tribal 1891
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether OF, ST, GR, etc.) 5578' GR		10. FIELD AND POOL, OR WILDCAT Verde Gallup
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28, T31N, R14W
		12. COUNTY OR PARISH San Juan
		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 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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <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.)*

Cement plug #1 - Cement 4" liner 3520' to 3220' with 45 cu. ft. cement slurry.

Plan to shoot off 5-1/2" casing at approximately 1300'.

Cement plug #2 - Cement plug from top of shot off 5-1/2" casing to 100' up the hole with 35 cu. ft. cement slurry.

Cement plug #3 - From 50' below surface pipe (200' plus 50' equals 250') from 250' to surface with 85 cu. ft. cement slurry. Accordingly, the plug will be 250' to surface.

Erect dry hole marker.

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

SIGNED

TITLE

Vice President

DIST. ?

DATE 9/18/85

(This space for Federal or State office use)

APPROVED BY

David J. Miller

TITLE

AREA MANAGER

DATE

SEP 20 1985

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side