

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. 14-20-604-83
2. NAME OF OPERATOR Benson-Montin-Martin 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 1980' FSL, 1980' FWL, Sec. 21, T31N, R14W	8. FARM OR LEASE NAME Ute Mountain Tribal
14. PERMIT NO.	9. WELL NO. 7
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 5626' GR	10. FIELD AND POOL, OR WILDCAT Verde Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T31N, R14W
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Temporary Abandonment <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)

Operator requests approval for temporary abandonment of well.

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

SIGNED [Signature] TITLE Vice President

DATE 1/17/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]

DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

RENTAL AND OPERATOR'S COPY  
NOT TO EXCEED 1 YEAR.

\*See Instructions on Reverse Side