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Submit 3 Copies to Appropriate District Office	o urces Department	ent Form.C-103 Revised 1-1-89					
DISTRICT I P.O. Box 1980, Hobbs, NM 88240  DISTRICT II P.O. Drawer DD, Artesia, NM 88210  DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410  OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505			WELL API NO. 30-039-27811  5. Indicate Type of Lease  STATE X FEE   6. State Oil & Gas Lease No.				
(DO NOT USE THIS FORM FOR DIFFERENT RE	ICES AND REPORTS ON W PORPOSALS TO DRILL OR TO DEEPEN OR F ESERVOIR. USE "APPLICATION FOR PERMIT" RM C-101) FOR SUCH PROPOSALS)	7. Lease Name or Unit Agreement Name					
1. Type of Well: OIL GAS WELL WELL X			Casaus	1820/27/22/	AUG 2005 RECEIVED M. CONS. DIV. DIST. S		
2. Name of Operator Benson-Montin-Greer Drilling	2 Corporation		8. Well No. #1				
3. Address of Operator 4900 College Blvd. Farmington, NM 87401			9. Pool name or Wildcat Basin Fruitland /Gavilan PC				
4. Well Location  Unit Letter O  Section 20	Feet From The SOUTH  Township 25N Range 2W	Line and	1945' NMPM	Feet From The	EAST Rio Arriba Co	_Line	
	10. Elevation (Show wheth	GR	R, etc.)				
	ck Appropriate Box to Indicat		_				
III. NOTICE OF	INTENTION TO:	ļ	SUBSEQU	ENT REPORT	OF:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	<	ALTERING CA	SING	]	
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS.	PLUG AND A	BANDONMENT	]	
PULL OR ALTER CASING	]	CASING TEST AN	ID CEMENT JOS	3			
OTHER: <u>Drilling</u>	x	OTHER:				]	
work) SEE RULE 1103.  Spud well on 6-23-05. Drilled KCL, 1/4# Celloflake. Circula	At the details and give per state all pertinent details, and give per last 8-3/4" hole to 365' KB. Ran 8-jts, 7' at the details at the comment to surface. Drilled 6-1/4" hole set @ 3256' KB. Cemented 1st state.	", 17#, J-55 casing to 3575' KB. TD r	set @ 352' KE reached on 7-2	3. Cemented with 167-05. Ran 85-jts., 4-	1/2", 10.5#, J-55		

9. Cemented 2nd stage with 200 sks Econolite, 10# Gilsonite, 1/4# Flocele. Good returns thourghout. Rig down cementers. Set slips. Cut off casing. Release rig. Install wellhead.

I hereby certify that the info	rmation above is true and complete t	office hest of my knowledge	e and helief			_
SIGNATURE	id Mubil	TITLE	Production Clerk	DATE_	08/08/05	
TYPE OR PRINT NAME	Trudy Grubelnik	/		TELEPHONE NO.	505-325-8874	·
(This space for State Use)			CHIPCHUIAAA ALATA		AIIC on onne	, 

CONDITIONS OF APPROVAL, IF ANY: