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to Appropriate
District Office

State of New Mexico **Energy, Minerals and Natural Resources Department**

Form	C-	103	
Davie		1 1	

<u>DISTRICT I</u>	
P.O. Box 1980, Hobbs, NM	88240

P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION	DIVISION	WELL API NO	0. /		
	2040 Pac	heco St.		30-039-27811	ı /		
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Santa Fe, I	NM 8750:	5	5. Indicate Ty	ype of Lease STATE	FEE	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil &	Gas Lease No.		
SUNDRY NOTIC	ES AND REPORTS	S ON W	VELLS				
	RPOSALS TO DRILL OR TO DE RVOIR. USE "APPLICATION F C-101) FOR SUCH PROPOSAL:	OR PERMIT		7. Lease Nam	ne or Unit Agreement N	lame	
1. Type of Well:				Casaus			
OIL GAS WELL X	OTHER						
2. Name of Operator				8. Well No.			
Benson-Montin-Greer Drilling C	orporation			#1			
3. Address of Operator				9. Pool name	or Wildcat		-
4900 College Blvd. Farmington,	NM 87401			Basin Fruitlar	nd /Gavilan PC		
4. Well Location							
Unit Letter O : 8	Feet From The	SOUTH	Line and	1945'	Feet From The	EAST	Line
Section 20 T	Township 25N R	ange 2W		NMPM		Rio Arriba	a County
	10. Elevation (S	Show wheth 7152	her DF, RKB, RT, G GR	R, etc.)			
Check	Appropriate Box to	Indica	te Nature of N	otice, Repor	t, or Other Data		
11. NOTICE OF IN	ITENTION TO:			SUBSEQU	ENT REPORT	OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WOR	К	ALTERING CA	SING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRI	LLING OPNS.	PLUG AND AB	ANDONMENT	
PULL OR ALTER CASING			CASING TEST AN	ND CEMENT JOI	BX		
OTHER:			OTHER:				
Describe Proposed or Completed Operation work) SEE RULE 1103. On October 25, 2005, Benson-N							
	,				WAR	2008	15 10 10 10 10 10 10 10 10 10 10 10 10 10

	_		X Proceedings	- 2 x () 2 2 2			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			0686159636				
SIGNATURE JULIUM AMADIM	TITLE	Production Clerk	DATE	03/09/06			
TYPE OR PRINT NAME Trudy Grubelnik			TELEPHONE NO.	505-325-8874			
(This space for State Use)							
APPROVED BY	TITLE		DATE				
CONDITIONS OF APPROVAL, IF ANY:							