

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R144.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM - 7011                                   |                 |
| 2. NAME OF OPERATOR<br>Benson Mineral Group, Inc.  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME   |                 |
| 3. ADDRESS OF OPERATOR<br>3200 Anaconda Tower, 555 17th Street, Denver CO 80202  |  | 7. UNIT AGREEMENT NAME   |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>1570' FSL and 840' FEL Section 4-T22N-R8W |  | 8. FARM OR LEASE NAME<br>Federal 4-22-8  |                 |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>1   |                 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>6832 GR  |  | 10. FIELD AND POOL, OR WILDCAT<br>Wildcat <i>Chae</i>                              |                 |
|  |  | 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA<br>Section 4-T22N-R8W<br>SW NE SE |                 |
|  |  | 12. COUNTY OR PARISH<br>San Juan   | 13. STATE<br>NM |

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 type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <u>Set casing</u>                      | <input checked="" 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.)\*

7-27-78: Move in McDonald's spudder. Spud 08:00 7-27-78. TD 100'.  
Shut down for night.

7-28-78 thru 7-31-78: TD 1850'. 7" casing set at 100' GR with 50  
sacks Class "B" Neat, 3% CaCl, Circulate. 4½" casing set at  
1831' GR with 210 sacks 50-50 poz, 6% gel and 50 sacks  
Class "B" Neat, Circulate. Plug down 18:00 7-31-78.  
Waiting on completion unit.

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

SIGNED

*Paul C. Ellison*  
Paul C. Ellison

TITLE

Production Manager

DATE

August 1, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side