

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0245711

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☐

Injection

2. NAME OF OPERATOR

BENSON-MONTIN-GREER DRILLING CORP.

3. ADDRESS OF OPERATOR

221 Petroleum Center Building, Farmington NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

835' FNL, 1495' FEL, Sec. 18, T-25N, R-1E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7203' GR

7. UNIT AGREEMENT NAME

CANADA OJITOS UNIT

8. FARM OR LEASE NAME

9. WELL NO.

5 (B-18)

10. FIELD AND POOL, OR WILDCAT

Puerto Chiquito West

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-25N, R-1E

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other) Convert to gas injection ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

☐
☐
☐
☐(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.)*

It is proposed to convert well to gas injection by running tubing string and packer and installing gas injection line.



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

SIGNED

TITLE

Vice-President

DATE

5-1-72

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side