

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Gas Injection Well - for pressure maintenance	7. UNIT AGREEMENT NAME Canada Ojitos Unit
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.	8. FARM OR LEASE NAME Canada Ojitos Unit
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, New Mexico 87401	9. WELL NO. Unit #17 - (G-1)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, 1880' FEL, SEC.1, T-24N, R-1W	10. FIELDS AND FOM, OR WILDCAT West Puerto Chiquito
	11. SEC., T., R., OR SEC. AND SURVEY OR AREA SEC.1, T-24N, R-1W
14. PERMIT NO.	15. ELEVATION (Show whether of. ht. on, etc.) 7140' GR
	16. COUNTY OR PARISH Rio Arriba
	17. 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 ALTERN Casing	<input type="checkbox"/>
FRACURE TREAT	<input checked="" type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGED PLANS	<input type="checkbox"/>
(Other) Complete Niobrara A & B zones for pressure maintenance by gas injection			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERNING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
(Other)			

(Note: Report results of multiple completion on Well Completion or Resumption Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give substantial locations and measured and true vertical depths for all markers and zones pertinent to this work.)

11/4/86 Operator requests Bureau of Land Management administrative approval for following procedures:

Pull out of hole with gas injection tubing string and packer and run casing inspection log.

Perforate, acidize and sandfrac Niobrara A and B zones.

Set Model D Packer between Niobrara C and B zones.

Run compression type packer on 5 1/2" casing to top of Burns liner.

Run 2 3/8" EUE tubing with stinger for Model D Packer. Sting into Model D Packer to inject pressure maintenance gas down tubing string into Niobrara C zone.

Use 5 1/2" casing by 2 3/8" tubing annulus as second tubing string to inject pressure gas into Niobrara A and B zones.

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

SIGNED Virgil I. Steinhilber

TITLE Vice-President

DATE May 11, 1987

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE MAY 15 1987

John M. Skellern
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side

NMOCC