

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(Do not use this form for proposals to drill or to deepen or plug back to a closed reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	FEB 13 1987	7. UNIT AGREEMENT NAME Canada Ojitos Unit
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.	BUREAU OF LAND MANAGEMENT FARMINGTON RESOURCE AREA	8. FARM OR LEASE NAME Canada Ojitos Unit
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, New Mexico 87401		9. WELL NO. 35 (D-17)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1200' FNL 300' FWL, Section 17, T25N, R1W		10. FIELD AND POOL, OR WILDCAT West Puerto Chiquito Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T25N, R1W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7465' GR	12. COUNTY OR PARISH Rio Arriba
		13. STATE New Mexico

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) Status Report <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>
(Other) <input 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.)\*

Waiting on completion rig.

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

SIGNED <u>[Signature]</u>	TITLE Vice President	DATE 02/12/87
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

FEB 13 1987

FARMINGTON RESOURCE AREA

BY BAZ

\*See Instructions on Reverse Side