

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <div style="text-align: center;">NM 6687</div>	
2. NAME OF OPERATOR <div style="text-align: center;">Benson Mineral Group, Inc.</div>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <div style="text-align: center;">3200 Anaconda Tower, 555 17th St., Denver, CO 80202</div>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <div style="text-align: center;">1840' FSL and 800' FWL Section 19-T24N-R10W</div>		8. FARM OR LEASE NAME <div style="text-align: center;">Federal 19-24-10</div>	
		9. WELL NO. <div style="text-align: center;">1</div>	
		10. FIELD AND POOL, OR WILDCAT <div style="text-align: center;">Wildcat</div>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <div style="text-align: center;">NW SW Section 19-T24N-R10W</div>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH <div style="text-align: center;">San Juan</div>
			13. STATE <div style="text-align: center;">New Mexico</div>

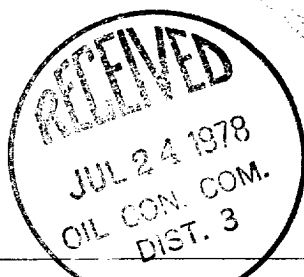
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" 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 Production 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.)*

7-7-78: Drill to 1700'.
 7-9-78: TD 1850'. Ran IES, FDC logs. Set 4½" casing at 1803'. Cement with 220 sacks 50-50 poz, 6% gel, ¼# celloflake/sack, and 50 sacks Class "B" Neat. Circulate. Rig released.
 7-14-78: Pressure test casing to 2500 psi. OK. Perforate 1400-14; 1437-42; 1458-78; 1481-90; 1498-1502; 1506-10; 1514-34; 1540-43; 1564-68; 1640-44; 1648-54; 1659-64 with one shot per foot.
 7-15-78: Foam frac with 85,000 # 10-20 sand and 42,500 gallons foam.



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

SIGNED Paul C. Ellison

TITLE Production Manager

DATE July 18, 1978

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____