UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 13807

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.)

7. UNIT AGREEMENT NAME
CANADA OJITOS UNIT

1.
OIL WELL ☒   GAS WELL ☐   OTHER

8. FARM OR LEASE NAME

2. NAME OF OPERATOR
BENSON-MONTIN-GREER DRILLING CORP.

9. WELL NO.
22 (F-20)

3. ADDRESS OF OPERATOR
221 Petroleum Center Building, Farmington NM 87401

10. FIELD AND POOL, OR WILDCAT
Puerto Chiquito Mancos West

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

1685' FNL, 1860' FWL, Sec. 20, T-26N, R-1W

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-26N, R-1W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
7724' 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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) __Conductor pipe__			☒
(Other)				(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.)*

7-31-81   Spudded well.

8-10-81   Cemented 24' of 20" line pipe for conductor pipe in 24" hole.
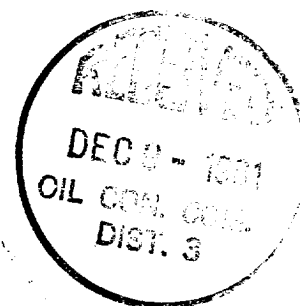
18. I hereby certify that the foregoing is true and correct

SIGNED _____   TITLE _ Vice-President _   DATE 12-2-81

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC