

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

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

7. UNIT AGREEMENT NAME  
CANADA OJITOS UNIT

8. FARM OR LEASE NAME

9. WELL NO.  
22 (F-20)

10. FIELD AND POOL, OR WILDCAT  
Puerto Chiquito Mancos

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
7724' GR

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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

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

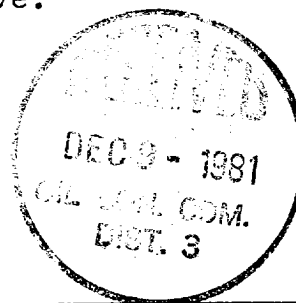
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

8-14-81 While drilling 9-7/8" hole continued to circulate mud through rathole and mousehole and jet mud from cellar to mud pit.

8-15-81 Rigged up to squeeze cement by cutting off conductor pipe and 1/2" steel plate on conductor pipe. Welded 2" collar to steel plate. Cemented with 125 sacks (12/3 thixotropic cement system, 12% D-53 thixotropic agent and 3% calcium chloride). WOC 3 hours. Attempted to test. Circulated water through rathole and mousehole.

8-16-81 Cemented with 100 sacks as above. 3-hour test circulated water. Cemented with additional 100 sacks as above.

Pressure tested. Cement held.



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

SIGNED [Signature] TITLE Vice-President

DATE 12-2-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

NMOCC

KJ