

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

7. UNIT AGREEMENT NAME

Canada Ojitos Unit

8. FARM OR LEASE NAME

9. WELL NO.

22 (~~13807~~)

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 20, T26N, R1W

12. COUNTY OR PARISH 13. STATE

Rio Arriba New Mexico

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, T26N, R1W

14. PERMIT NO.

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

7724' GL

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

| |
|-------------------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input checked="" type="checkbox"/> |

Status Report

(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 approval to sand frac Dakota formation.

RECEIVED
JUL 20 1984

RECEIVED
JUL 3 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SIGNED

[Signature]

TITLE Vice President

DATE 7/1/84

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
DATE

NMOCC

*See Instructions on Reverse Side

JUL 19 1984

FARMINGTON RESOURCE AREA

BY *Smm*

All distances must be from the outer boundaries of the Section.

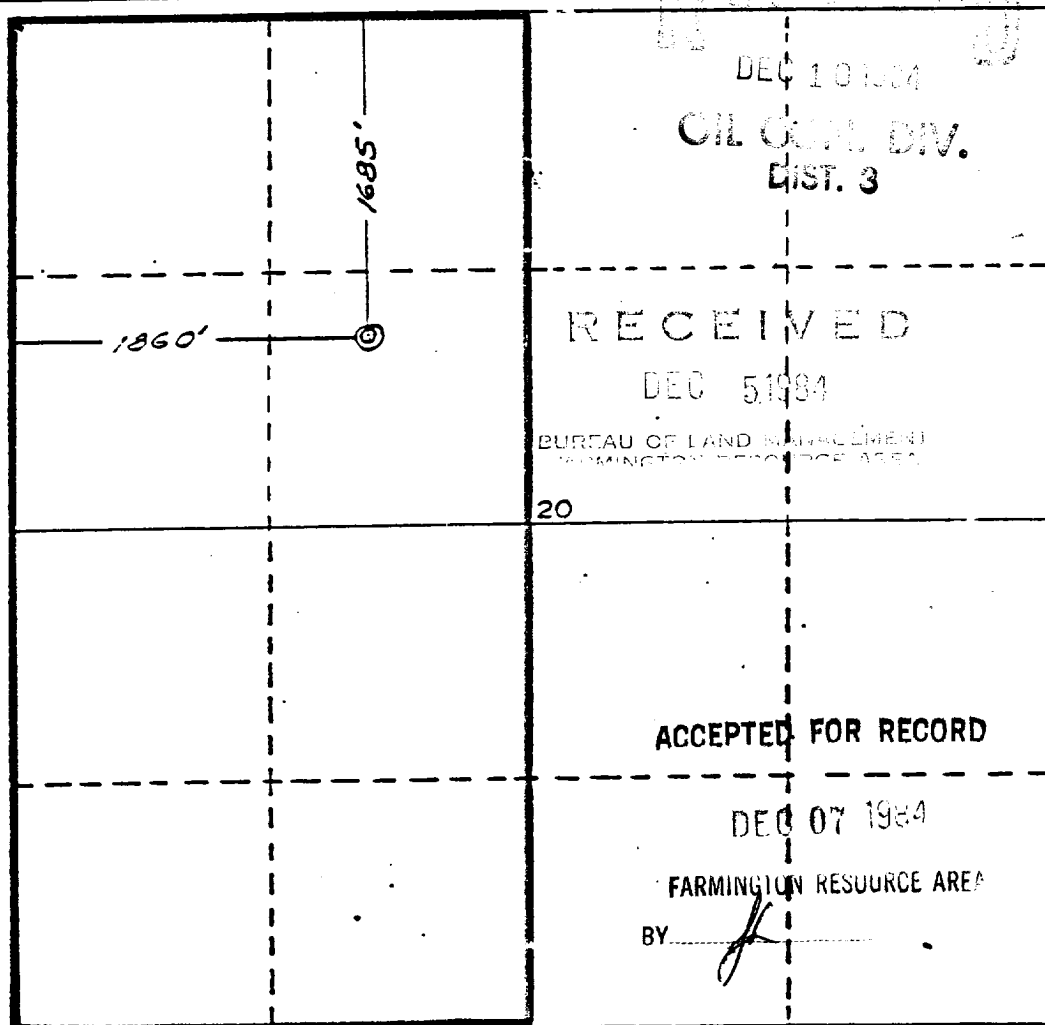
| | | | | |
|--|--------------------------------------|------------------------------------|--|------------------------------|
| Operator BENSON-MONTIN-GREER DRILLING CORP. | | Lease CANADA OJITOS UNIT | | Well No. 22 (F-20) |
| Unit Letter F | Section 20 | Township 26 NORTH | Range 1 WEST | County RIO ARriba |
| Actual Footage Location of Well: 1685 feet from the NORTH line and 1860 feet from the WEST line | | | | |
| Ground Level Elev. 7724 | Producing Formation Dakota | Pool Basin Dakota | Dedicated Acreage 10/320 Acres | |

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
See attachment for dedicated acreage.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☒ Yes ☐ No If answer is "yes," type of consolidation Communitization

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name Virgil L. Stoabs

Position Vice-President

Company Benson-Montin-Greer Drilling Corp.

Date June 16, 1981

I hereby certify that the location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision and the same is true and correct to the best of my knowledge.

Date Surveyed May 21, 1981

Registered Professional Engineer and/or Land Surveyor
James P. Leese

Certificate No.
1463

Benson-Montin-Greer Drilling Corp.
Attachment to Form C-102

