

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
4. LEASE DESIGNATION AND SERIAL NO.

NM 13947

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Canada Ojitos Unit
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401	9. WELL NO. 21 (G-32)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1800' FNL, 1675' FEL, Sec. 32, T26N, R1W	10. FIELD AND POOL, OR WILDCAT Chiquito Mancos West Puerto
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T26N, R1W
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7560' GL
	12. COUNTY OR PARISH Rio Arriba
	13. STATE NM

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 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.)

Pumping well to recover frac oil.

RECEIVED
DEC 16 1983

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

DEC 21 1983

GL 1000 IV.

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

SIGNED

Robert H. State

TITLE Vice President

DATE 12-15-83

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA

BY

Smv

DEC 20 1983