

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 079288-B

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 East Puerto Chiquito Mancos |
| 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. 37 (38) |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 786' FNL, 2038' FWL, Sec. 8, T26N, R1E | 10. FIELD AND POOL, OR WILDCAT East Puerto Chiquito Mancos |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T26N, R1E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7252' GL | 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 <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 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>Status Report</u> | (Other) <u>X</u> |

(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 completion rig.

RECEIVED

JUL 3 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

RECEIVED

JUL 20 1984

OIL CON. DIV
DIST. 3

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 _____ TITLE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY: _____

NMOCO

*See Instructions on Reverse Side

JUL 19 1984

FARMINGTON RESOURCE AREA

BY [Signature]