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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-4-65

5a. Indicate Type of Lease
State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>

5. State Oil & Gas Lease No.
Eturriaga Fee

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 -" (FORM C-101) 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. Form or Lease Name East Puerto Chiquito Mancos
3. Address of Operator 221 Petroleum Center Building, Farmington, NM 87401	9. Well No. 33 (P - 5)
4. Location of Well UNIT LETTER P 660 FEET FROM THE south LINE AND 660 FEET FROM THE east LINE. SECTION 5 TOWNSHIP 26N RANGE 1E NMPM.	10. Field and Pool, or Wildcat Puerto Chiquito Mancos, East
15. Elevation (Show whether DF, RT, GR, etc.) 7015' GR	12. County Rio Arriba

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	<input type="checkbox"/>
TEMPORARILY ABANDON	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>

PLUG AND ABANDON ☐

CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOBS ☐

OTHER Status Report ☒

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Waiting on completion rig.

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

SIGNED Frank T. Chavez

TITLE Vice President

DATE 01/21/86

Original Signed by FRANK T. CHAVEZ

APPROVED BY _____

TITLE SUPERVISOR DISTRICT # 3

DATE 01/21/86

CONDITIONS OF APPROVAL, IF ANY: