

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. SF-080312-A
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Building, Farmington, NM 87401		7. UNIT AGREEMENT NAME East Puerto Chiquito Mancos
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2070' FSL 2055' FWL, Section 5, T26N R1E, NMPM		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 34 (K-5)
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 7083' GL		10. FIELD AND POOL, OR WILDCAT Wildcat Greenhorn East Puerto Chiquito Mancos
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 5, T26N R1E
		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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Test other zones <input checked="" 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.)*

Niobrara A and B zones will be perforated and tested.

This is in response to Bureau of Land Management letter
Jic. Cont. 235 et al. (WC)
3162.3-2 (019)

RECEIVED
OCT 13 1988
FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

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

SIGNED Virgil L. Stoabs TITLE Vice President DATE Sept. 9, 1988

This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD
DATE
OCT 03 1988
FARMINGTON RESOURCE AREA

*See Instructions on Reverse Side