Form 3160-5 (June 1990)

TYPE OF SUBMISSION

Notice of Intent

X Subsequent Report

or representations as to any matter within its jurisdiction.

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

TYPE OF ACTION

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

Change of Plans

New Construction

Water Shut-Off

Non-Routine Fracturing

Conversion to Injection

13/11/370	SF-080312-A
	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 reentry to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals	6. If Indian, Allottee or Tribe Name
SUBMIT IN TRIPLICATE	7. If Unit or CA. Agreement Designation East Puerto Chiquito Mancos
Type of Well Oil Gas Well Well Other 2. Name of Operator	8. Well Name and No. 34 (K-5)
Benson-Montin-Greer Drilling Corp. 3. Address and Telephone No.	9. API Well No.
221 Petroleum Center Building, Farmington, NM 87401	10. Field and Pool, or Exploratory Area Koker
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)	11. County or Parish, State
2070'FSL 2055' FWL, Sec. 5, T26N R1E, NMPM	Rio Arriba, New Mexico
CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT	RT, OR OTHER DATA

Final Abandonment Notice Dispose Water (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 13. 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,

Abandonment

Recompletion

Plugging Back

Casing Repair

Response to Bureau of Land Management letter dated July 11, 1991.

Time to comply extended verbally to August 28, 1991.

give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Operator has not tested Niobrara A and B zones, unable to obtain Jicarilla approval to construct necessary pipeline.

SEP 0 1 1992 SEP 1 2 1991

	Tells for health who have a	DIST. 3
		APPROVED
14. I hereby certify that the foregoing is true and correct Signed	Title Vice President	Date August 28, 1991
(This space for Federal or State office use) Approved by Conditions of approval, if any:	Tide	AUG 2 2 1991
	erson knowingly and willfully to make to any department or agency of the	United Sates any fulso, Victindus or fraudulent statement