

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0155
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 080436-8
2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 221 Petroleum Center Bldg., Farmington, NM 87401	7. UNIT AGREEMENT NAME Canada Ojitos Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SE/NE 1632' FNL 1139' FEL, Sec. 8, T26N, R1W	8. FARM OR LEASE NAME West Puerto Chiquito Mancos
14. PERMIT NO.	9. WELL NO. 43 (H-8)
15. ELEVATIONS (Show whether DF, NT, GR, etc.) 7785' GR	10. FIELD AND POOL, OR WILDCAT West Puerto Chiquito Mancos
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8, T26N, R1W
	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:

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 checked="" type="checkbox"/> Amendment to Original APD	
(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.)

REVISED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
14 3/4"	10 3/4"	40.50	500'	375 sacks (440 cubic feet)
9 7/8"	7 5/8"	26.40 & 29.70	7150' shoe	500 sacks (650 cubic feet)
	7 5/8"	26.40 & 29.70	stage collar @ 4000'	500 sacks (860 cubic feet)
6 3/4"	5 1/2"	17.00	8550'	125 sacks (150 cubic feet)

Operator will drill below 7 5/8" with 6 3/4" hole using gas for circulating cuttings to surface.

A surface blooie line pit will be constructed to contain drill cuttings and any fluids produced while drilling with gas.

RECEIVED

AUG 01 1989

OIL CON. DIV.
DIST. 3

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

SIGNED Virgil L. Stoabs

TITLE Vice President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE 08/04/89
DATE AUG 06 1989
KOR Townsend
FOR FARMER

*See Instructions on Reverse Side