Form 9-331 (May 1963)

14. PERMIT NO.

16.

STATES SUBMIT IN TRIPLICATE* (Other instructions on re-**UNITED STATES**

		Form a Budget	pprove Burea	ed. tu N	or: 4	2R	1424
5.	LEASE	DESIGN	ATION	AND	SEI	RIAL	NO.

12. COUNTY OR PARISH | 13. STATE

Rio Arriba

GEOLOGICAL SURVEY	Contract 237		
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME Jicarilla Tribal		
1. OIL GAS WELL VIELL OTHER	7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR BENSON-MONTIN-GREER DRILLING CORP.	8. FARM OR LEASE NAME JICOPILIS		
3. ADDRESS OF OPERATOR 158 Petroleum Center Building, Farmington, N.Mex.	9. WELL NO. P-20		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	Puerto Chiquito		
825'FSL, 825' FEL, Sec. 20, T-27N, R-1E, N.N.P.M.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-T27N, R-1E		

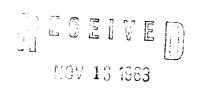
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6965' RKB

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NOTIC	CE OF INTEN	TION TO:	1	SUBSEQUENT REPO	DET OF:	
TEST WATER SHUT-OFF		PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL	_
FRACTURE TREAT SHOOT OR ACCIDIZE		ABANDON*		SHOOTING OR ACIDIZING	ABANDONMENT*	-
REPAIR WELL (Other)		THANGE PLANS		(Other) (Note: Report results of multi Completion or Recompletion Rep	ple completion on Well port and Log form.)	l

- 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.) *
- TD 99' RKB. Set 3 joints 88' of 10-3/4" OD 32.75# H-40 casing at 99' RKB with 125 sacks cement, 2% calcium 9-8-63 chloride, circulated.
- Pressured up on casing to 500#. No pressure decrease in 9-13-63 30 minutes.



U. D. T. CLOCICAL SURVEY D. GICN, NEW MERIOO

18. I hereby certily that the foregoing is true and correct	TITLE	Vice-President	DATE 11-12-63
(This space for Federal or State office use)	TITLE		RECEIVED
CONDITIONS OF APPROVAL, IF ANY:	11100		NOV1 4 1963 OIL CON. COM.
*Se	*See Instructions on Reverse Side		OIL CON. COM.