

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No: 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

Contract 237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Jicarilla

9. WELL NO.

P-20

10. FIELD AND POOL, OR WILDCAT

Puerto Chiquito

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 20-T27N, R-1E

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

BENSON-MONTIN-GREEK DRILLING CORP.

3. ADDRESS OF OPERATOR

158 Petroleum Center Building, Farmington, N.Mex.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

825' FSL, 825' FEL, Sec. 20, T-27N, R-1E, N.M.P.M.

14. PERMIT NO.

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

6965' RKB

12. COUNTY OR PARISH

13. STATE

Rio Arriba

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

9- 8-63 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 chloride, circulated.

9-13-63 Pressured up on casing to 500#. No pressure decrease in 30 minutes.

RECEIVED

NOV 13 1963

U.S. GEOLOGICAL SURVEY
ALBUQUERQUE, NEW MEXICO

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

SIGNED

TITLE

Vice-President

DATE

11-12-63

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

NOV 14 1963

OIL CON. COM.
DIST. 3

*See Instructions on Reverse Side