

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(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 Apache**

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Jicarilla 237**

9. WELL NO.

**13 (F-30)**

10. FIELD AND POOL, OR WILDCAT

**Puerto Chiquito**

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

**Sec. 30, T-27N, R-1E**

12. COUNTY OR PARISH 13. STATE

**Rio Arriba New Mexico**

1. OIL  
WELL ☒ GAS  
WELL ☐ OTHER ☐

2. NAME OF OPERATOR

**BENSON-MONTIN-GREER DRILLING CORP.**

3. ADDRESS OF OPERATOR

**158 Petroleum Center Bldg., Farmington, New Mexico**

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

**1857' FNL, 1860' FWL, Sec. 30, T-27N, R-1E**

14. PERMIT NO.

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

**7235' RKB**

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

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 ☐

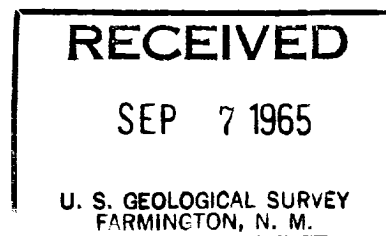
ABANDONMENT\* ☐

(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.)\*

6- 1-65 TD 112' RKB. Set 3 joints 97' of 10-3/4" OD 32.75# H-40 casing at 108' RKB with 100 sacks cement. Cement circulated.

5-14-65 Pressured up on casing to 500#. No pressure decrease in 30 minutes.



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

SIGNED

*Walter A. Gallen*

TITLE

**Vice-President**

DATE

**9-3-65**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side