Form 9-331 (May 1963)

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

## UNITED STATES SUBMIT IN TRIPLICATE\* DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

MULTIPLE COMPLETE

CHANGE PLANS

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Change Operator

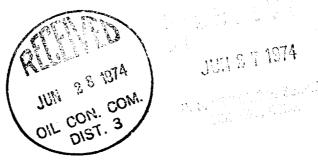
ALTERING CASING

ABANDON MENT\*

	GEOLOGICAL SURVEY	14-20-604-83	
	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.)	Ute Mountain	
	OIL X GAS OTHER .	7. UNIT AGREEMENT NAME	
2.	NAME OF OPERATOR	8. FARM OR LEASE NAME	•
	Benson-Montin-Greer Drilling Corp.	Ute Mountain	
3.	ADDRESS OF OPERATOR	9. WELL NO.	
	221 Petroleum Center Bldg. Farmington NM	#5	
4.	221 Petroleum Center Bldg. Farmington NM LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT	-
	At surface	Verde Gallup	
		11. SEC., T., R., M., OR BLK. AND SUBVEY OR AREA	
	1980' from East line 660'from South line Sec 21	Star VII auda	
	2,000 IIOM Eddo Zinio 000 IIom South Zinio 200 Hi	21-31N-R14W	
14.	PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE	
		San Juan NM	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or (	Other Data	
	NOTICE OF INTENTION TO:	UENT REPORT OF:	
	TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\*

Change operator from Engineering & Production Service, Inc. to Benson-Montin-Greer Drilling Corp. Effective May 1, 1974



and correct 18. I hereby cert WITLE Vice-President (This space to Federal or State office use) APPROVED BY TITLE DATE \_ CONDITIONS OF APPROVAL, IF ANY: