TEST WATER SHUT-OFF

FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other Instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.

REPAIRING WELL

G	NM 02267	92 ·	
SUNDRY NOTION (Do not use this form for propose Use "APPLICA"	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
i.  OIL GAS X OTHER I	njection well	7. UNIT AGREEMENT NA LA PLATA	
2. NAME OF OPERATOR BENSON-MONTIN-GREER	DRILLING CORP.	8. FARM OR LEASE NAS	de.
3. ADDRESS OF OPERATOR 221 Petroleum Cente	r Building, Farmington NM 87401	9. WELL NO. 4 (N-31)	
<ol> <li>LOCATION OF WELL (Report location cle See also space 17 below.)</li> <li>At surface</li> </ol>	10. FIELD AND POOL, OR WILDCAT  La Plata Gallup		
756' FSL, 1208' FWL,	Sec. 31, T-32N, R-13W	11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA  Sec. 31, T-32N, R-13W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6113 GR	San Juan	New Mexico
16. Check Ap	propriate Box To Indicate Nature of Notice, Report, or subsection to:	Other Data QUENT REPORT OF:	

(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.) \*

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Conversion to Injection

This well was converted to a gas injection well in August, 1973.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

18. I hereby certify that the foregoing is true a	and compact			
SIGNED SIGNED	Z 3	President	DATE	8-2-77
(This space for Federal or State office use)				
APPROVED BY	TITLE		DATE	