

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

RECEIVED  
BLM

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.

5. Lease Designation and Serial No.  
NM-0101125-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
La Plata Mancos Unit

8. Well Name and No.  
#7 (M-29)

9. API Well No.

10. Field and Pool, or Exploratory Area  
La Plata Gallup

11. County or Parish, State  
San Juan, New Mexico

**SUBMIT IN TRIPLICATE**

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
Benson-Montin-Greer Drilling Corp.

3. Address and Telephone No.  
501 Airport Drive, Suite 221, Farmington, NM 87401 505-325-8874

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
510' FSL, 810' FWL, Section 29, Township 32 North, Range 13 West

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Continued shut in	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

After workover in April, the well is now capable of producing gas in excess of that needed for fuel. The well was shut in early April following workover. Request that shut in be continued until the injection compressor is restored to service; now estimated to be mid-August, this year.

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

Signed [Signature] Title President Date May 4, 1995

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.