Form 9-331
(May 1963)

U_ TED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR___ CATE*
(Other Instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM-0226792

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.
OIL WELL ☐   GAS WELL ☒   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
BENSON-MONTIN-GREER DRILLING CORP.

8. FARM OR LEASE NAME
LA PLATA

3. ADDRESS OF OPERATOR
221 Petroleum Center Building, Farmington NM 87401

9. WELL NO.
#4 (F-31)

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

790' FWL, 1850' FNL, Sec. 31, T-32N, R-13W, NMPM

10. FIELD AND POOL, OR WILDCAT
Ute Dome Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 31, T-32N, R-13W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6381' GR

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☒	REPAIRING WELL ☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT		ALTERING CASING ☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT* ☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)		
(Other)						

(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- 8-79   TD 65' RKB. Ran 63.62' TO 9-5/8" OD 32.50# casing, cemented with 30 sacks cement, 2% calcium chloride. Circulated approximately 1 barrel good cement slurry.   Spudded 12:00 noon.

6- 9-79   Pressured up on casing to 500#. No pressure decrease in 30 minutes.

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

SIGNED _____   TITLE Vice-President   DATE 7-17-79

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC