

STATE OF COLORADO
OIL AND GAS CONSERVATION COMMISSION
DEPARTMENT OF NATURAL RESOURCES

SUBMIT ORIGINAL AND 1 COPY

RECEIVED

OCT 18 1990
OCT - 9 1990



OIL & GAS CONS. COMM

| FOR OFFICE USE ONLY | | | |
|---------------------|----|----|----|
| ET | FE | UC | SE |

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.)

| | | |
|---|--|---|
| 1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> COALBED METHANE <input type="checkbox"/> INJECTION WELL <input type="checkbox"/> OTHER | | 5. FEDERAL/INDIAN OR STATE LEASE NO. Marion W. MacKinlay Fee |
| 2. NAME OF OPERATOR Benson-Montin-Greer Drilling Corp. | | 6. PERMIT NO. |
| 3. ADDRESS OF OPERATOR 221 Petroleum Center Building CITY STATE ZIP CODE Farmington NM 87401 | | 7. API NO. 0510705206 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface SE SE 947' FSL 972' FEL, Sec. 23 T6N R87W At proposed prod. zone Same | | 8. WELL NAME MacKinlay #1 |
| | | 9. WELL NUMBER 1 |
| | | 10. FIELD OR WILDCAT Grassy Creek |
| 12. COUNTY Routt County | | 11. QTR. QTR. SEC., T.R. AND MERIDIAN SE NE Section 23 T6N R87W 947' FSL 972' FEL |

Check Appropriate Box To Indicate Nature of Notice, Report or Notification

| | | |
|---|--|---|
| <p>13A. NOTICE OF INTENTION TO:</p> <p><input type="checkbox"/> PLUG AND ABANDON</p> <p><input type="checkbox"/> MULTIPLE COMPLETION</p> <p><input type="checkbox"/> COMMINGLE ZONES</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> OTHER</p> | <p>13B. SUBSEQUENT REPORT OF:</p> <p><input type="checkbox"/> FINAL PLUG AND ABANDONMENT (SUBMIT 3RD PARTY CEMENT VERIFICATION AND JOB LOG)</p> <p><input type="checkbox"/> ABANDONED LOCATION (WELL NEVER DRILLED - SITE MUST BE RESTORED WITHIN 6 MONTHS)</p> <p><input type="checkbox"/> REPAIRED WELL</p> <p><input type="checkbox"/> OTHER</p> <p><small>*Use Form 5 - Well Completion or Recompletion Report and Log for subsequent report of Multiple/Commingle Completions and Recompletions</small></p> | <p>13C. NOTIFICATION OF:</p> <p><input checked="" type="checkbox"/> SHUT-IN; TEMPORARILY ABANDONED (DATE 07/87) (REQUIRED EVERY 6 MONTHS)</p> <p><input type="checkbox"/> PRODUCTION RESUMED (DATE)</p> <p><input type="checkbox"/> LOCATION CHANGE (SUBMIT NEW PLAT)</p> <p><input type="checkbox"/> WELL NAME CHANGE</p> <p><input checked="" type="checkbox"/> OTHER See Below</p> |
|---|--|---|

14. DESCRIBE PROPOSED OR COMPLETED OPERATIONS ON THIS FORM (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)

15. DATE OF WORK

Benson-Montin-Greer Drilling Corp. has received an offer from another operator to buy this well and reestablish production. We request permission to continue temporary shut-in status pending negotiations.

RECEIVED

SEP 27 1990

OIL & GAS CONS. COMM

*WHAT DATE WAS WELL SI? 7/87

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

SIGNED Virgil L. Stoabs TELEPHONE NO. (505) 325-8874

NAME (PRINT) Virgil L. Stoabs TITLE Vice-President DATE 09-26-90

(This space for Federal or State office use)

APPROVED Stephen Pott TITLE Sr. Engr. DATE 10/3/90

CONDITIONS OF APPROVAL, IF ANY:

STATUS REPORT REQUIRED
EVERY 6 MONTHS ON SHUT-IN
& TEMPORARILY ABANDONED WELLS.