

Form 1-77
May 1968

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

NM 6676

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Benson Mineral Group, Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 3200 Anaconda Tower, 555 17th Street, Denver, Colorado 80202		8. FARM OR LEASE NAME Dome Rusty 30-22-6	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 820' FNL and 1520' FEL Section 30-T22N-R6W		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Rusty Chacra Extension	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6922 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 30-T22N-R6W	
		12. COUNTY OR PARISH Sandoval	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>Test</u>	

(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.)*

6-30-78: SI 48 hrs. CPC 480 psi. Blew for 3 hrs through 3/4" choke.
Guaged 1335 MCFD. SI waiting on service unit to run tubing.

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

SIGNED Paul C. Ellison
(This space for Federal or State office use)

TITLE Production Manager

DATE July 6, 1978

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECEIVED
JUL 10 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.