

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN TRIPLICATE
PRINT INSTRUCTIONS ON REVERSE SIDE

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

NM 6680

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Benson Mineral Group, Inc.		8. FARM OR LEASE NAME Dome Rusty 24-22-7
3. ADDRESS OF OPERATOR 3200 Anaconda Tower, 555 17th Street, Denver, Colorado 80202		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1840' FSL & 1520' FEL Section 24-T22N-R7W		10. FIELD AND POOL, OR WILDCAT Rusty Chacra Extension
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 24-T22N-R7W		12. COUNTY OR PARISH Sandoval
13. STATE New Mexico		14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6839 GR		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Test</u>	

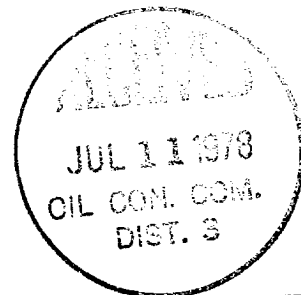
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

6-28-78: Open well through 2" line at 17:30.
Make medium spray water. Weak blow gas. Left blowing overnight to clean up.

6-30-78: SI 24 hrs. SIP 470 psi. Flow test 3 hrs through 3/4" choke, Flow pressure 34 psi. Guaged 569 MCFD. SI waiting on service unit to run tubing.

7-5-78: Move in service unit. Kill well with KCl water. Install wellhead and blowout preventer. Plug back TD 1885. Set 2 3/8" tubing at 1853'. SI.



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

SIGNED Paul C. Ellison TITLE Production Manager DATE July 6, 1978

(This space for Federal or State office use)

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

RECEIVED

JUL 10 1978

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
DURANGO, COLO.