

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 6676

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dome Rusty 30-22-6

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Rusty Chacra Extension

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Section 30-T22N-R6W

12. COUNTY OR PARISH

Sandoval

13. STATE

New Mexico

1.

OIL ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

Benson Mineral Group, Inc.

3. ADDRESS OF OPERATOR

3200 Anaconda Tower, 555 17th Street, Denver, Colorado 80202

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

14. PERMIT NO.

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

6922' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

6-26-78: Perforate 1758-1767, 1771-1785, 1820-1824, 1830-1836, 1840-1946, 1850-1854, with 2 shots per foot.

6-27-78: Frac with 30,000# 10-20 sd, 15,000 gallons 70 quality foam. Average injection rate 20 bbl/minute.



RECEIVED

JUN 30 1978

U. S. GEOLOGICAL SURVEY

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

SIGNED

*Paul C. Ellison*  
Paul C. Ellison

TITLE Production Manager

DATE June 27, 1978

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side