

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)ATE
reForm approved
Budget Bureau No. 42-R-124.

5. LEASE DESIGNATION AND SERIAL NO.

LC-058650

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR TEXACO Inc.	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well is located 1650' FNL & 2310' FEL of Section 34, T-18-S, R-30-E, Unit Letter 'G', Eddy, County, New Mexico.	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3451' (DF)

JUL 21 1976

O. C. C.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME North Benson Queen Unit	
8. FARM OR LEASE NAME North Benson Queen Unit	
9. WELL NO. 38	
10. FIELD AND POOL, OR WILDCAT Benson Queen Grayburg North	
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 34, T-18-S, R-30-E	
12. COUNTY OR PARISH Eddy	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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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 type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

1. Rig up. Pull rods & pump. Install BOP. Pull Tubing.
2. Set packer. Spot acid over perforations 2830'-3077'.
3. Acidize perforations w/2000 gal. 15% NE Acid. Swab Well.
4. Treat w/55 gal. Scale inhibitor mixed w/275 gal. treated fresh water.
5. Flush w/50 Bbl. Treated fresh water.
6. Run pumping equipment. Test & return to production.

RECEIVED
JUL 19 1976
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 7-15-76

(This space for Federal or State office use)

TITLE

DATE

APPROVALS OF APPROVAL, IF ANY:

APPROVED

JUL 20 1976
T. L. BECKWITH
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side