

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-033775

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR TEXACO Inc. ✓		8. FARM OR LEASE NAME North Benson Queen Unit	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico 88240		9. WELL NO. 16	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL & 1651' FEL of Section 28, T-18-S, R-30-E, Unit Letter "J", Eddy Co., New Mexico		10. FIELD AND POOL, OR WILDCAT North Benson Queen Grayburg	
14. PERMIT NO. Regular		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3499' DF	
		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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) Addl. Perforations in same Zone	

## 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. Install BOP. Pull injection tubing & packer.
2. Set RBP @ 3050'.
3. Perforate 4 1/2" OD Casing w/2 JSPF from 3006'-3014'.
4. Set packer @ 2980'.
5. Acidize perforations 3006'-3014' w/500 gal. Mud Acid w/clay stabilizers.
6. Run injection tubing & packer. Test & return to injection.

RECEIVED

MAY 18 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE May 17, 1976

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE  DATE   
CONDITIONS OF APPROVAL (If any):

\*See Instructions on Reverse Side

APPROVED

MAY 18 1976

H. L. BECKMAN

ACTING DISTRICT ENGINEER