

U. S. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instructive
verse side)CATE*
on re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North Benson Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Gray-
North Benson Queen burg11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28, T-18-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

N. M.

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"/> Injection Well	
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 2310' FNL & 660' FEL of Sec. 28, T-18-S, R-30-E Unit Letter "H"	
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3481 DF

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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"/>		<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 unit and pull 2 3/8" tubing and injection packer. (Check TD & Clean out if necessary).
2. Run RBP and RTTS on 2 3/8" tubing. Set RBP @ 3040' and RTTS 2950'. Treat perfs 2972'-3021' w/ 750 gals. 15% reg. Acid w/ 10% by volume Halliburton Musol and 5 gal./1500 gal. Morflo. Displace acid w/fresh water. Shut in 30 min. Swab acid residue. Test injectivity of the interval by injecting fresh water at plant pressure (1600 psi).
3. Move RBP & RTTS to 2780' & 2730' respectively. Treat perfs 2754'-63' the same as Step 2.
4. Pull RBP & RTTS.
5. Run injection tubing and packer. Load annulus with/inhibited fluid and return well to injection.

RECEIVED

MAY 2 1975

O. C. C.
ARTESIA, OFFICERECEIVED
APR 30 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 4/29/75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side