

N. M. O. C. C. CORP  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES  
(Other instructions on reverse side)

Copy to SR  
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 ☐ GAS WELL ☐ OTHER ☒ Water Injection

2. NAME OF OPERATOR

TEXACO Inc. ✓

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240 U. C. C.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.  
At surface 660' FEL & 2310' FNL at Section 28,  
T-18-S, R-30-E, Unit Letter 'H' Eddy County,  
New Mexico

14. PERMIT NO.

Regular

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

3481' (DF)

7. UNIT AGREEMENT NAME

North Benson  
Queen Unit

8. FARM OR LEASE NAME

North Benson  
Queen Unit

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Benson Queen  
Grayburg North

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

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

12. COUNTY OR PARISH

Eddy

13. STATE

New Mex.

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.)\*

1. Pull injection tubing. Install BOP.
2. Set pkr. @ 2910'. Acidize perforations 2754'-3311' w/1500 gal. Mud Acid w/iron control agents. Flush w/13 bbls. KCL water.
3. Run injection tubing & packer. Return to injection.

RECEIVED

AUG 18 1976

U. S. GEOLOGICAL SURVEY  
ARTESIAN REGION, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE 8-17-76

(This space for Federal or State use)

APPROVED

AUG 18 1976

R. L. BEEKMAN  
ACTING DISTRICT ENGINEER

TITLE

DATE

\*See Instructions on Reverse Side