

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 | | 5. LEASE DESIGNATION AND SERIAL NO. LC 028978B | |
| 2. NAME OF OPERATOR TEXACO Inc. ✓ | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico | | 7. UNIT AGREEMENT NAME North Benson Queen Unit | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 1650' FEL of Sec. 33, T-18-S, R-30-E Unit Letter B. | | 8. FARM OR LEASE NAME | |
| 14. PERMIT NO. Regular | | 9. WELL NO. 33 | |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3440 DF | | 10. FIELD AND POOL, OR WILDCAT North Benson Queen Grayburg | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T-18-S, R-30-E | |
| | | 12. COUNTY OR PARISH Eddy | 13. STATE N.M. |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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 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 3385' and set RTTS @ 3350'. Treat perfs 3372'-76' w/500 gals. 15% reg. Acid w/10% by volume Halliburton's Musol and Morflo (5 gal/1500 gal. acid). Displace acid w/ fresh water. Shut in 30 min. Swab acid residue. Test injectivity of the interval by pumping fresh water at plant pressure (1600 psi).
3. Move RBP & RTTS and treat perfs 3045'-60 & 2845'-49' the same as Step 2.
4. Pull RBP & RTTS. Run injection packer. Load annulus with inhibited fluid and return to injection. Treat - HOWCO

RECEIVED

MAY 15 1975

O.C.C.
ARTESIA, OFFICE

RECEIVED

MAY 13 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 5-12-75

(This space for Regional or State office use)

TITLE

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side