

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
SUBMIT IN TRIPLICATE  
Draw (other) instruction  
Artesia, NM 882

Form approved  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

028978 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Benson Deep Unit

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Unit E, Sec. 34-T18S-R30E

14. PERMIT NO.

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

12. COUNTY OR PARISH

13. STATE

API #30-015-23371

3458.5' GR

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Cmt squeezed, Perforate, Trt

(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.)

2-14-86 Cement squeezed perfs 9577-9689' w/125 sx Class "H" w/.1% CF-9 + .2% CFH + .2% AFS. Squeezed to 2000 psi w/115 sacks. Circulated 10 sacks to pit.

2-18-86. Perforated 9380-92' w/24 .40" holes. Acidized perfs 9380-92' w/1500 gals 7½% HCL + 2% HFL and 20 ball sealers.

2-19 - 3-6-85. Swabbed well. Tested well.

3-7-86. Set pumping equipment.

ACCEPTED FOR RECORD

*SWD*  
MAR 24 1986

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Production Supervisor

DATE 3-18-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side