

N. M. G. C. COPY
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.

LC - 058650

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME | |
| 2. NAME OF OPERATOR | | North Benson Queen Unit | |
| Texaco Inc. ✓ | | 8. FARM OR LEASE NAME | |
| 3. ADDRESS OF OPERATOR | | North Benson Queen Unit | |
| P. O. Box 728, Hobbs, New Mexico 88240 | | 9. WELL NO. | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 1650' FNL & 2310' FEL of Section 34, T-18-S, R-30-E, Unit Letter 'G', Eddy County, New Mexico. | | 10. FIELD AND POOL, OR WILDCAT | |
| | | 38 | |
| | | Benson Queen Grayburg | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | |
| | | North | |
| | | Sec. 34, T-18-S, R-30-E | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | |
| Regular | | 3451' (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 type="checkbox"/> |
| (Other) <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 checked="" 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. Pull rods & pump. Install BOP. Pull tubing.
2. Set packer @ 2740'. Spot acid over perforations 2830' - 3077'.
3. Acidize perforations W/2000 gal. 15% NE Acid. Well flowed.
4. Treat W/55 gal. scale inhibitor mixed W/275 gal. treated fresh water.
5. Flush W/50 Bbl. treated fresh water.
6. Run pumping equipment. Test & return to production. On 24 hr. PT ending 9:00 A.M., 8-17-76 well pumped 1 BO & 45 BW, GORTSTM.

RECEIVED

AUG 24 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 8-19-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side