

N. M. O. C. C. COPY

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T. V. CATE*
(Other instructions on re-
verse side)

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.

21

10. FIELD AND POOL, OR WILDCAT

**North Benson Queen
Grayburg**

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

**Sec. 27, 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 ☐ GAS WELL ☐ OTHER ☒

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

**660' FSL and 1980' FWL of Sec. 27, T-18-S,
R-30-E, Unit Letter N**

14. PERMIT NO.

Regular

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

3439' DF

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) **Convert to Injection**

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

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 rods and pump, check TD w/tubing and pull tubing.
2. Clean out to TD if necessary.
3. Run plastic coated 2-1/16" tubing w/packer set @ 2700'.
4. Load annulus w/inhibited water.
5. Connect up for injection.
6. Run injectivity profile when pressure and injection rates have stabilized.

NMOCC Order No. R-4537

RECEIVED
NOV 13 1973
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

(This space for Federal or State office use)

TITLE **Asst. Dist. Supt.**

DATE **11-12-73**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

General and
State local, a

Item
State of

Item
In addition
fund co
above p
conditio

* U.S. GOVERNMENT

DISTRIBUTION	3
ARTESIA	1
ILE	1
S.G.S.	1
AND OFFICE	1
TRANSPORTER	GIL
	GAS
OPERATOR	1
PRORATION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED

OCT 16 1973

I. Operator
TEXACO Inc.
Address
P. O. Box 728, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
To change lease name & well no.
from L. R. Manning Fed. 'B' NCT-1,
Well No. 1 to North Benson Queen
Unit, Well No. 21 Effective 10-1-73
If change of ownership give name
and address of previous owner

O. C. C.
ARTESIA, OFFICE

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Unit	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
North Benson Queen	21	North Benson Queen	Grayburg	State, Federal or Fee	NM-033775
Location					
Unit Letter	N	660	Feet From The	South	Line and
Line of Section	27	Township	18-S	Range	30-E
				NMPM,	Eddy
				County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shut-In						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Shut-In						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

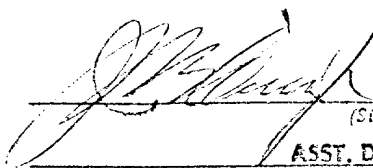
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

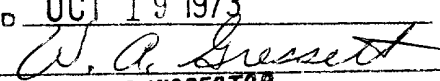
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
ASST. DIST. SUPT.
(Title)
OCT 15 1973
(Date)

OIL CONSERVATION COMMISSION

APPROVED OCT 19 1973
BY 
OIL AND GAS INSPECTOR
TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.