

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Drawer DD  
Artesia, NM 88210

LEASE

LC - 028978B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED

7. UNIT AGREEMENT NAME

North Benson Queen Unit

JUN 30 1983

8. FARM OR LEASE NAME

North Benson Queen Unit

O. C. D.

9. WELL NO.

45

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

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

County

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3425' (GR)

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

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. See space 17 below.)

AT SURFACE: 1980' FSL & 660' FEL

AT TOP PROD. INTERVAL: (Unit Letter 'I')

AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) Addl. Perfs. In Same Zone ☐

(NOTE: Report results of well completion or zone change on Form 9-330.)

RECEIVED

JUN 7 1983

OIL & GAS

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. Clean out to 3080'.
3. Log well. Perforate Addl. pay as determined from log.
4. Frac pay interval W/2" "Stressfrac" guns.
5. Acidize 3300 gals. acid & flush W/20 Bbls. water.
6. Run production equipment. Test & return to production.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE Asst. Dist. Mgr.

DATE

6-3-83

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1983