

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☐ other ☐
2. NAME OF OPERATOR Tenaco
3. ADDRESS OF OPERATOR Hobbs
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' N + 230' E
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

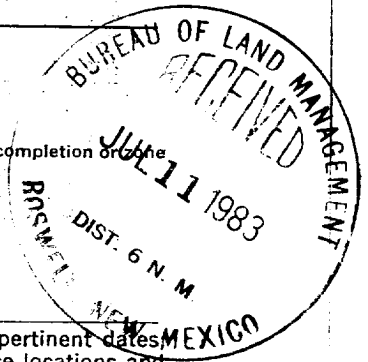
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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55210ASE
LC-028978-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
North Benson Queen Unit
8. FARM OR LEASE NAME
North Benson Queen Unit
9. WELL NO.
34
10. FIELD OR WILDCAT NAME
Benson Queen Grayburg North
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
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3442' (DF)

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



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. Rigged up. Pull rods & pump. Install BOP.
2. Set pkr. @ 3000'. Acidize perms. 3309'-3313' W/3309'-3313' W/500 gals 15% NE Acid. Flushed W/2% KCL Water.
3. Set RBP @ 3000' & pkr. @ 2900'. Acidize perms. 2980'-2988' W/500 gals 15% NEFE Acid. Flushed W/2% KCL Water.
4. Reset RBP @ 2900' & pkr. @ 2850'. Acidize perms 2892'-2898' W/500 Gals. 15% NEFE Acid. Flushed W/2% KCL Water.
5. Reset RBP @ 2850' & prk. @ 2750'. Perfs. would not take Acid. Reverse out.
6. Install pumping equipment. On 24 hr. potential test ending 7-6-83, well pupped 19 BO, 0 BW, GOR-TSTM.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 7-7-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

AUG 24 1983