

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 well gas well other Water Injection

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: 660' FNL & 610' FNL
AT TOP PROD. INTERVAL: (Unit Letter 'D')
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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) To: <u>Cancel 9-331</u> | |

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.)*

Please cancel Form 9-331, approved 7-20-76, to perforate additional pay in subject well. Work will not be done at the present time.

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

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

SIGNED George H. Stewart TITLE Asst. Dist. Supt. DATE 11-5-79

(Orig. Sgd.) GEORGE H. STEWART (This space for Federal or State office use)

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

5. LEASE
LC-028978 RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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7. UNIT AGREEMENT NAME
North Benson Queen Unit NOV 13 1979

8. FARM OR LEASE NAME
North Benson Queen Unit D.C.C. ARTESIA, OFFICE

9. WELL NO.
35

10. FIELD OR WILDCAT NAME
Benson Queen Grayburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-18S, R-30E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DEPTH AND WD)
3458' (GP)

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