

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

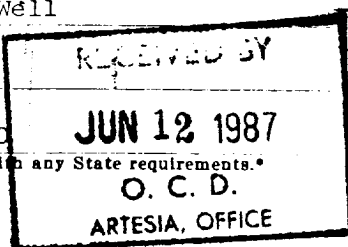
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0133  
Expires August 31, 1985

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	7. UNIT AGREEMENT NAME North Benson Queen Unit
2. NAME OF OPERATOR Texaco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. BOX 728, Hobbs, New Mexico 88240	9. WELL NO. 37
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  Unit Letter B, 660' FNL & 1980' FEL	10. FIELD AND POOL, OR WILDCAT North Benson Queen Grayburg,
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 34, T18S, R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3430' GL 3442' KB	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Temporary Abandon X

(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) Reclassify from SI-INJ to TR-INJ (Held for Remedial Work).
- 2) MIRU pulling unit. Install BOP.
- 3) Release packer. POH with tubing and packer.
- 4) Set CIBP at  $\pm$  2780'. Dump 35' of cement on top of CIBP. (Top perf at 2827'.)
- 5) Load hole with inhibited water. POH. Test casing to 500 psi.
- 6) Rig down pulling unit.

*For Record Only*

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

SIGNED J. A. Head 397-3571 TITLE Hobbs Area Superintendent DATE June 9, 1987

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



**RECEIVED**  
**JUN 11 1997**  
**OCD**  
**HOBBS OFFICE**