

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

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 ☒ 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: 1650' FSL & 1651' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'J')
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* ☐

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(other) OF: Repair Water Flow

5. LEASE

NM-033775

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.

16

10. FIELD OR WILDCAT NAME

North Benson Queen Grayburg

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

Sec. 28, T-18-S, R-30-E

12. COUNTY OR PARISH

Eddy

13. STATE

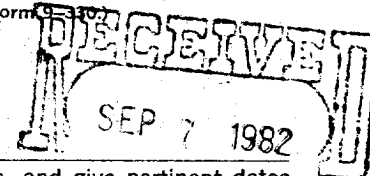
New Mexico

14. API NO.

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

3499' (DF)

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



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 tubing & pkr.
2. Set RBP @ 2640' & dump sand on plug.
3. Cemented 4 1/2" csg leak W/110 sx. Class 'H' Cement containing 2% CaCl. WOC. DOC. Water Flow.
4. Squeezed 4 1/2" csg @ 570' W/ 400 SX Class 'C' Cement containing 3% CaCl & 1000 Gals flochek.
5. Squeezed 250 sx. Class 'C' Cement containing 2% CaCl in leak @ 570' WOC. DOC. Water Flow.

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

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

SIGNED Peter W. Chester TITLE Asst. Dist. Mgr. DATE _____

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

MINERAL DEPT. OF THE INTERIOR
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side