NH OIL CONS. COMMISSION	C/8 h
Form 9-331 Drawer DP Artesia, 88210	Form Approved.
Dec. 1973 Artesia, 88210 UNITED STATES	Budget Bureau No. 42-R1424
DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	<u> </u>
GEOLOGICAL SURVET	6. IF INDIAN, ALLOFTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	North Benson Queen Unit
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well well other Water Injection	<u>North Benson Queen Unit</u> 9. WELL NO.
2. NAME OF OPERATOR	16
TEXACO Inc. V	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	North Benson Queen Grayburg
P. 0. Box 728, Hobbs, New Mexico 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650' FSL & 1651' FEL	Sec.28, T-18-S, R-30-E
AT SURFACE: (Unit Letter 'J')	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Eddy New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3499' (DF)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	VED BY
SHOOT OR ACIDIZE	
PULL OR ALTER CASING	() (NOTE1 Report esults of multiple completion or zone
	C. D. BUS
(other) OF: REPAIR WATERFLOW	
17 DESCRIPTE PROPOSED OF COMPLETED OPERATIONS (Clearly shot	
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 pertinen	t to this work.)*
1. Rigged up.	
2. Cemented $4\frac{1}{2}$ " casing leak @ 560' W300 sx. Class H Cement containing 3% CACL, 10# Sand and $\frac{1}{4}$ # Flocele per sack. Did not hold.	
3. Cemented W/1000 gals Flochek followed W/100 sx. class 'H' Cement containing	
2% CACL. WOC. DOC.	
4. Tested casing to 600# for 30 minutes, 9:45-10:15 AM, 9-30-83. Tested OK.	
5. Set CIBP @ 2720'. Cemented casing annulu	is W/310 sx class 'H' Cement.
Cement circulated. WOC. 6. Clean out well.	에 있는 것은 것을 알려야 한다. 같은 것은
7. Ran 2 1/16" plastic coated injection tubi	ng W/pkr. and set @ 2645'.
Load annulus W/inhibited water. Well tes	sted for 24 Hours, ending 11-17-83.
Injected 200 bbls water @ 1500#.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
1 A A A A A A A A A A A A A A A A A A A	
SIGNED / JO TON TO TITLE ASST. DIST. M	<u>BT·</u> DATE
ACCEPTED FOR RECEIVES Dace for Federal or State offi	ce use)
	DATE
CONDITIONS OF APPROVAL MAY 8 1984	
(aslaling)	
NEW MEXICO See Instructions on Reverse Side	

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