

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Form approved  
Budget Bureau No. 1004-0135  
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	RECEIVED OCT 20 1986	5. LEASE DESIGNATION AND SERIAL NO. NM 033775
2. NAME OF OPERATOR Texaco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME C/SF
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME North Benson Queen Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit Letter "F", 1980' FNL & 1980' FWL	O. C. D. ARTESIA, OFFICE	8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3436' GR 3445' DF	9. WELL NO. 9
		10. FIELD AND POOL, OR WILDCAT Benson Queen Grayburg, North
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18 Sec. 28, T-17-S, R-30-E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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 <input checked="" type="checkbox"/>			

(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 @ 2600'. Dump 10' of cement on top of CIBP. Load hole with inhibited water. Test casing to 500 PSI.
5. Rig down Pulling Unit.

APPROVED FOR 12 MONTH PERIOD

ENDING 10-15-87

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

SIGNED <u>W.B. Cade</u>	TITLE <u>W. B. Cade Dist. Oper. Mgr.</u>	DATE <u>10/08/86</u>
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(This space for Federal or State office use)

APPROVED BY                      TITLE                      DATE 10-16-86

CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval

\*See Instructions on Reverse Side