

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

CLSF

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	5. LEASE DESIGNATION AND SERIAL NO. NM-0318474
2. NAME OF OPERATOR Texaco Inc. ✓	JUL 27 '88	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	O. C. D.	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 N, 990' FSL and 2310' FSL	ARRESTA, OFFICE	8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3446' DF	9. WELL NO. 29
		10. FIELD AND POOL, OR WILDCAT North Benson Queen Grayburg
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T18S, R30E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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) Temporary Abandon	(Other) <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.)\*

Reclassify from SI-INJ to TR-INJ (Held for Remedial Work) status effective 6-19-88.

6-16-88 Notify Sharon Patrick with BLM.

6-18-88 MIRU pulling unit. Install BOP. Release packer. TOH. Set 4-1/2" CIBP @ 2545' (Top perf @ 2628'). Cap with 35' of cement using dump bailer. Circulate 4-1/2" casing with inhibited water. Test 4-1/2" casing to 500 psi for 30 min - OK. POH with tubing.

6-19-88 Rig down pulling unit.

RECEIVED  
JUL 5 8 20 AM '88  
CARLSBAD OFFICE  
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct 397-3571

SIGNED <u>Ja Head</u>	TITLE <u>Hobbs Area Superintendent</u>	DATE <u>June 28, 1988</u>
(This space for Federal or State office use)		
APPROVED BY <u>CHIEF, MINERAL RESOURCES</u>	TITLE _____	DATE <u>7-26-88</u>
CONDITIONS OF APPROVAL, IF ANY:		

APPROVED FOR 12 MONTH PERIOD  
ENDING 6/19/89  
See Instructions on Reverse Side