

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NMOCC COPY
SUBMIT IN TRIPLICATE
(Other instructions
verse side)Copy to
Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back in 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		5. LEASE DESIGNATION AND SERIAL NO. NM-033775	
2. NAME OF OPERATOR TEXACO Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
3. ADDRESS OF OPERATOR P.O. Box 728, Hobbs, New Mexico		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 660' FSL & 2310' FWL of Section 28, T-18-S, R-30-E, Unit Letter "N", Eddy Co., New Mexico		8. FARM OR LEASE NAME North Benson Queen Unit	
14. PERMIT NO. Regular		9. WELL NO. 25	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3463' (DF)		10. FIELD AND POOL, OR WILDCAT North Benson Queen Unit	
		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	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.)*

Please cancel form 9-331 approved by USGS 5-18-76. TEXACO Inc. will resubmit anticipated workover program at a later date.

RECEIVED

APR 25 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE Asst. Dist. Supt.

DATE April 22, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE APR 26 1977

CONDITIONS OF APPROVAL, IF ANY: