

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

RECEIVED

~~MAR 20 1979~~

|                               |  |                              |
|-------------------------------|--|------------------------------|
| 5a. Lease Type of Lease       |  | Fee <input type="checkbox"/> |
| 5b. State Oil & Gas Lease No. |  |                              |
| NM 033775                     |  |                              |
| 6. Unit Agreement Name        |  |                              |
| 7. Name of Lease Holder       |  |                              |
| N. Benson Querns Unit         |  |                              |
| 8. Well No.                   |  |                              |
| 18                            |  |                              |
| 9. Field and Pool, or Wellcut |  |                              |
| N. Benson                     |  |                              |
| 10. County                    |  |                              |
| Edcl                          |  |                              |

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS PUMP FOR FILLING OR DRAINING OF A WELL BACK TO A DIFFERENT RESERVOIR.

~~O.C.C.~~

ARTESIA, OFFICE

OTHER: Water Injection Well

TEXACO, Inc. ✓

P.O. Box 728 Hobbs, New Mexico 88240

UNIT LETTER L 1650 FEET FROM THE South LINE AND 1660 FEET FROM

THE West LINE SECTION 27 TOWNSHIP 18 RANGE 30 N.M.P.M.

18. *Verification* (Show whether DF, RT, GR, etc.)

3473 GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                                                                                                                                                     |                                                                                                                      |                                                                                                                                                                                     |                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| SURFICIAL REMEDIAL WORK <input type="checkbox"/><br>IMMEDIATELY ABANDON <input type="checkbox"/><br>WILL OR ALTER CASING <input type="checkbox"/><br>OTHER <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/><br>CHANGE PLANS <input type="checkbox"/><br>OTHER <input type="checkbox"/> | REMEDIAL WORK <input type="checkbox"/><br>COMMENCE DRILLING OPER. <input type="checkbox"/><br>CASING TEST AND CEMENT JOB <input type="checkbox"/><br>OTHER <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/><br>PLUG AND ABANDONMENT <input type="checkbox"/><br>Casing Leak Survey <input checked="" type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

Describe the need or importance of your study, state all pertinent details, and give pertinent dates, including estimated time of starting any proposed work. (SUN 11/15/1923)

1. Risers installed on all casing strings with valves above ground and labeled for future identification.
2. Inspected by Mike Williams.
3. Casing Strings:
 

|  | <u>Size</u> | <u>Set at</u> | <u>No. 5x5 Cmt used</u> |
|--|-------------|---------------|-------------------------|
|  | 7"          | 533'          | 450 5x                  |
|  | 4 1/2"      | 3380'         | 350 5x                  |

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ASST. DIST. SGT.

MAR 8 1979

14-00000

FILE

3418

**OIL AND GAS INSPECTOR**

DATE **APR 3 - 1979**

APPROVED BY: John D.  
SIGNATURE OF APPROVAL, IF ANY.