

## OIL CONSERVATION DIVISION

Form C-103  
Revised 10-1-73

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SANTA FE

FILE

U.S.O.S.

AND OFFICE

OPERATOR

RECEIVED BY

P.O. BOX 2088  
SANTA FE NEW MEXICO 87501

MAY 6 1985

O. C. D.

ARTESIA, OFFICE

3a. Indicate Type of Lease

State ☒Fee ☐

5. State Oil &amp; Gas Lease No.

NM-033775

## 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 -" (FORM C-101) FOR SUCH PROPOSALS.)☐GAS  
WELL ☐

OTHER-

Water injection well.

Operator

TEXACO Inc.

Address of Operator

P.O. Box 728, Hobbs, N.M. 88240

Location of Well

LETTER L 1650 FEET FROM THE South LINE AND 660 FEET FROM  
West LINE, SECTION 27 TOWNSHIP 18 RANGE 30 N.M.P.M.

7. Unit Agreement Name

N. Benson Queen Unit

8. Farm or Lease Name

9. Well No.

18

10. Field and Pool, or Wildcat

North Benson - 8-6

15. Elevation (Show whether DF, RT, GR, etc.)

3473 GL

12. County

Eddy

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

## NOTICE OF INTENTION TO:

REMEDIAL WORK ☐PARTIALLY ABANDON ☐ALTER CASING ☐PLUG AND ABANDON ☐CHANGE PLANS ☐

Repair casing leak

☒

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOBS ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed operations.)  
SEE RULE 1103.

1. Rig up. Install BOP. Pull tbq. and injection pkr.
2. Cleanout to 3374' PBTD.
3. Set pkr at various depths and pressure up on the 4 1/2" casing and attempt to locate 4 1/2" casing leaks.
4. Locate leak and establish circulation. Pump red dye in order to calculate proper cement volumes.
5. If leak is below 1600', run cement retainer.
6. Squeeze the 4 1/2" csg. with 240 sx of class "H" cement with 2% CaCl<sub>2</sub>.
7. Displace cmt. to 50' above the location of the casing leak.
8. Test 4 1/2" csg. to 1500#.
9. Run tbq. and pkr. Load annulus with inhibited water.
10. Return to injection.

5-15-85

This form returned  
to operator to be filed  
with the BLM.  
BR

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

W.B. Loh

TITLE Dist. Opr. Mgr.

DATE 4/30/85