

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

45F

Form 9-330
RECEIVED BY

JUN 20 1985

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

O. C. D.

AS OFFICIAL

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Water Injection Well

2. NAME OF OPERATOR
Texaco Inc. ✓

3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: Unit Ltr. L, 1650 FSL & 660 FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: ☒ SUBSEQUENT REPORT OF:

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

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. 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" csg 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" cmt with 2% CaCl₂.
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.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. B. Loh TITLE Dist. Oper. Mgr. DATE May 17, 1985

(This space for Federal or State office use)

APPROVED BY Dan Wood acting
CONDITIONS OF APPROVAL, IF ANY: RG

DATE 6-18-85

Subject to
Like Approval
by State

*See Instructions on Reverse Side

Form Approved.
Budget Bureau No. 42-R1424

5. LEASE
NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
North Benson Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.
18

10. FIELD OR WILDCAT NAME
North Benson - D-G

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-18 S, R-30 E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3473 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)