

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 ☒ gas ☐ other ☐  
well 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.)  
1743' FNL & 784' FNL  
AT SURFACE: Unit Letter "I" East  
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 checked="" 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) Repaired Csg. Leak |                          |                                     |

5. LEASE  
NM - 033775
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
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7. UNIT AGREEMENT NAME  
North Benson Queen Unit
8. FARM OR LEASE NAME  
North Benson Queen Unit
9. WELL NO.  
17
10. FIELD OR WILDCAT NAME  
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 13. STATE  
Lea Eddy New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3510' (DF)

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

RECEIVED

MAY 11 1981

O. C. D.

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. Rigged up. Pull rods, pump & tubing. Install BOP.
2. Set RBP @ 2400' & dump 20' sand on plug.
3. Tested Csg. & located small leak @ 600'.
4. Attempted to squeeze leak w/cement. Unable to establish injection rate. Pressure Csg. to 1200#. Bled to 800# in 10 minutes. N. M. O. C. D. representative did not recommend perforating in salt section @ 600' in order to squeeze.
5. Pull pkr. & RBP. Install pumping equipment. Return to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED [Signature] TITLE Asst. Dist. Mgr. DATE 5/6/81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: