

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 ☐
well well other

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' FWL & 784' FWL

AT SURFACE:

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

Unit Letter "I"

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Repaired Csg. Leak

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5. LEASE

NM - 033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 - Yilg. OFFICE

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

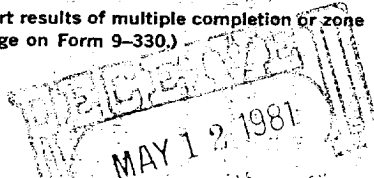
New Mexico

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.)



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:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAY 12 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO