	CONTRACTOR OF COMPANY		
Form 9-331 (May 1963) DEP	NITED STATES	SUBMIT IN 'LICATE' (Other instructions on re- Verse side)	Form approved. Budget Bureau No. 42-R1- 5. LEASE DESIGNATION AND SERIAL N
	GEOLOGICAL SURVEY		NM-033775
	NOTICES AND REPORTS	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRABE NA
SUNDRY	r proposals to drill or to deepen or plug APPLICATION FOR PERMIT—" for such p	back to a different reservoir.	NONE
Use "I	APPLICATION FOR PERMIT	proposals.)	7. UNIT AGREEMENT NAME
	/	ant log.	NONE
WELL WELL 0	THER	(AT - 2 -	8. FARM OR LEASE NAME
2. NAME OF OPERATOR	TEXACO Inc.	у У	L.R. Manning Feb"B"
3. ADDRESS OF OPERATOR			9. WELL NO.
P. O. Box 728 - Hobbs, New Mexico			10. FIELD AND FOOL, OR WILDSAT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)			North Benson Queen
At surface 2310' from the North Line, and 560' from the West Line,			11. SEC., T., R., M., OR BLK. AND
of Section 27 T-1	8-S, R-30-E, Eddy County,	New Mexico.	Sec. 27, T-18S, R-30
01 Dection 219 1=1	<u> </u>		
14. PERMIT NO.	15. ELEVATIONS (Show whether I	DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
Regular	Unknown	•	Eddy N. M.
	eck Appropriate Box To Indicate	Nature of Notice Report or (Other Data
			UENT REPORT OF :
NOTICE	OF INTENTION TO:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	ALTERING CASING
FRACTURE TREAT	- MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON •	SHOOTING OR ACIDIZING	
REPAIR WELL	CHANGE PLANS	(Other)	s of multiple completion on Well
(Other)	ETED OPERATIONS (Clearly state all pertines directionally drilled, give subsurface log	Completion or Recomp	including estimated date of starting
550' with 350 Sx. 508'. Cement Cir Tested 7 5/8" O. to 1:30 A. M. Mar for 30 minutes wi	" O. D. Casing, 15.28 LB Class "C" 4% gel, plus i culated. Job complete I D. Casing for 30 minutes ch 29, 1964. Tested 0.1 th 600 P. S. I. from 2:0 complete 2:30 A. M. Mar	150 Sx. Class "C" 2% g 1:45 A. M. March 28, 1 with 600 P. S. I. fro K. Drilled cement plu 0 A. M. to 2:30 A. M.	
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		the second s	1964 E
		Ferrar 1	ARR BE MERS
4.			
18. I hereby certify that the f	regoing is true and conrect		
XIII		ssistant District	March 30, 190
18. I here certify that the f	ymond TITLE A	Superintendent	
This since for Federal or	State office use)		
	TITLE		DATE CALL
CONDITIONSOF APPROV	TITLE		
X V			Star Star Star Star Star Star Star Star
X V SI	*See Instruction	ons on Reverse Side	
2		•	
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