

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE LOCATION*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0117
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-028978-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North Benson Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.

33

10. FIELD AND POOL, OR WILDCAT

North

Benson Queen Grayburg,

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 33, T18S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE
New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection Well

2. NAME OF OPERATOR

Texaco Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit Letter B, 660' FNL and 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DE, FT, GR, etc.)

3502' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other)

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

Temporary Abandon

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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) Reclassify from SI-INJ to TR-INJ (Held for Remedial Work).
- 2) MIRU pulling unit. Install BOP.
- 3) Release packer. POH with tubing and packer.
- 4) Set CIBP at \pm 2800'. Dump 35' of cement on top of CIBP. (Top perf at 2845'.)
- 5) Load hole with inhibited water. POH. Test casing to 500 psi.
- 6) Rig down pulling unit.

RECEIVED
JUN 12 11 13 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

397-3571

SIGNED

TITLE Hobbs Area Superintendent

DATE June 9, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side