

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on re-
verse side) 00210

Form approved.
Budget Bureau No. 1004-011
Expires August 31, 1985

25F

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 "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>	7. UNIT AGREEMENT NAME <u>North Benson Queen Unit</u>
2. NAME OF OPERATOR <u>Texaco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>PO Box 728, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>33</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit Letter B, 660' FNL & 1650' FEL</u>	10. FIELD AND POOL OR WILDCAT <u>North Benson Queen Grayburg,</u>
14. PERMIT <u>17</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Section 33, T18S, R30E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3502' GL</u>	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>NM</u>

RECEIVED BY
JUL 13 1987
O. C. D.
ARTESIA OFFICE

RECEIVED
JUL 10 59 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
<input type="checkbox"/> TEST WATER SHUT-OFF	<input type="checkbox"/> PULL OR ALTER CASING	<input type="checkbox"/> WATER SHUT-OFF	<input type="checkbox"/> REPAIRING WELL
<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> MULTIPLE COMPLETION	<input type="checkbox"/> FRACTURE TREATMENT	<input type="checkbox"/> ALTERING CASING
<input type="checkbox"/> SHOOT OR ACIDIZE	<input type="checkbox"/> ABANDON*	<input type="checkbox"/> SHOOTING OR ACIDIZING	<input type="checkbox"/> ABANDONMENT*
<input type="checkbox"/> REPAIR WELL	<input type="checkbox"/> CHANGE PLANS	(Other) <u>Temporary Abandon</u>	<input checked="" type="checkbox"/> X
(Other)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Identify 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 A-INJ (Held for Remedial Work) effective 7/1/87.
- 2) MIRU pulling unit. Install BOP.
- 3) Release 5 1/2" Baker AD-1 packer. POH with 2 3/8" IPC tubing and packer.
- 4) By wireline, RIH with gauge ring and junk basket to 2775'. POH. RIH and set 4.24" CIBP at 2770' in 5 1/2" casing. Dump 40' of cement on top of CIBP. (Top perf at 2845'.)
- 5) Circulate 5 1/2" casing with 67 bbls. of inhibited water.
- 6) Pressure tested 5 1/2" casing to 300 psi for 5 minutes, OK.
- 7) POH and layed down 2 3/8" tubing. Rig down pulling unit.

Test and job witnessed by Mr. Johnny Robinson, NMOCD representative from Artesia.

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

SIGNED J. A. Head
(This space for Federal or State office use)

TITLE Hobbs Area Superintendent

397-3571
DATE July 2, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

APPROVED FOR 12 MONTH PERIOD

ENDING 7/11/88

*See Instructions on Reverse Side

JUL 10 1987

SJS

CARLSBAD, NEW MEXICO