

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. *45F*

LC 068402

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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. OIL WELL GAS WELL OTHER Water Injection Well JUN 03 '88

2. NAME OF OPERATOR
Texaco, Inc. ✓ O.C.D.

3. ADDRESS OF OPERATOR
P. O. Box 728, Hobbs, New Mexico 88240 ARTESIA, OFFICE

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

Unit Letter F
2310' FNL, 1650' FWL

7. UNIT AGREEMENT NAME
North Benson Queen Unit

8. FARM OR LEASE NAME
N. BENSON QUEEN UT.

9. WELL NO.
10

10. FIELD AND POOL, OR WILDCAT

North Benson Queen Grayburg
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T18S, R30E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3414' DF

12. COUNTY OR PARISH 13. STATE
Eddy NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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 TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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 <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) Temporary Abandon X

(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.)*

Reclassify from SI-INJ to TR-INJ (Held for Remedial Work).

- MIRU pulling unit. Install BOP. Pull tubing and packer.
- By wireline, RIH with gauge ring and junk basket to + 2800'. POH. RIH with CIBP and set @ + 2750' (top perf. @ 2798'). Dump 35' of cement on top of CIBP with dump bailer. POH.
- RIH with tubing to + 2700'. Circulate hole with inhibited fluid.
- Pressure test 5-1/2" casing to 300 psi for 15 minutes.
- POH and lay down tubing. Rig down pulling unit.

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

SIGNED *Ja Neal* TITLE Hobbs Area Superintendent DATE May 12, 1988

(This space for Federal or State office use)

APPROVED BY TITLE DATE 5-31-88

CONDITIONS OF APPROVAL, IF ANY

APPROVED FOR 12 MONTH PERIOD

DATE 5/28/89

*See Instructions on Reverse Side

Subject to
LTC Approval
by State