

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions reverse side)

Expires August 31, 1985

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	2. NAME OF OPERATOR Texaco Inc. ✓	3. ADDRESS OF OPERATOR PO Box 728, Hobbs, NM 88240	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	5. LEASE DESIGNATION AND SERIAL NO. LC-068402	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME North Benson Queen Unit	8. FARM OR LEASE NAME	9. WELL NO. 10	10. FIELD AND POOL, OR WILDCAT North Benson Queen GB	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T18S, R30E	12. COUNTY OR PARISH Eddy	13. STATE NM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3414' DF											

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Temporary Abandon	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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) effective 6/10/88.

- 1) MIRU pulling unit. Install BOP. Pull tubing and packer.
- 2) By wireline, RIH with gauge ring and junk basket and set down at 2714'. RIH with CIBP and set at 2714' (top perf. at 2798'). Dump 35' of cement on top of CIBP with dump bailer. POH.
- 3) RIH with tubing to 2679'. Circulated hole with inhibited fluid.
- 4) Pressure test 5 1/2" casing to 300 psi for 15 minutes-OK. Pressure chart attached.
- 5) POH and lay down tubing. Rig down pulling unit.

18. I hereby certify that the foregoing is true and correct 397-3571  
SIGNED Ja. Hea TITLE Hobbs Area Superintendent DATE 6/22/88  
(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE  
Peter W. Chester  
JUL 25 1988

\*See Instructions on Reverse Side