

NM OIL CONS. COMMISSION
Drawer DD
UNIFIED STA1
Artesia, NM 88210
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/87

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 Form 9-331-C for such proposals.)

1. oil well gas well other Water Injection

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. See space 17 below.)
AT SURFACE: 2310' FNL & 1750' FWL
AT TOP PROD. INTERVAL: Unit Letter "F"
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input checked="" type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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 measured and true vertical depths for all markers and zones pertinent to this work.)*

- RIG UP. INSTALL BOP.
- PULL 588' 4 1/2" CASING WHICH IS PARTED AT THIS POINT.
- RUN 588' REPLACEMENT 4 1/2" CASING.
- SET RBP @ 1600' AND SPOT 20' SAND ON PLUG.
- SET CEMENT RETAINER @ 550'. CEMENT W/300 SX CLASS H CEMENT CONTAINING 2% CACL. CIRCULATE CEMENT. WOC. DOC. TEST.
- RUN 2 3/8" PLASTIC COATED TUBING W/ PKR AND SET @ 2800'. LOAD ANNULUS W/INHIBITED WATER.
- RETURN WELL TO INJECTION STATUS.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David R. Glass TITLE Asst dist mgr DATE 11-16-83

(This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

NOV 30 1983

5. LEASE
NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
North Benson Queen Unit

8. FARM OR LEASE NAME
North Benson Queen Unit

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Queen Grayburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-18-S, R-30-E

12. COUNTY OR PARISH
Eddy

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3532' (GR)

RECEIVED BY
DEC 01 1983
O. C. D.
ARTESIA, OFFICE

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

