

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424

COPY TO J

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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water Injection

RECEIVED

2. NAME OF OPERATOR TEXACO, Inc.

JUN 15 1976

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

O.C.C.
ARTESIA OFFICE

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

990' FNL & 560' FWL of Section 27, T-18-S,
R-30-E, Unit Letter 'D', Eddy County, New Mexico.

5. LEASE DESIGNATION AND SERIAL NO.

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.

2

10. FIELD AND POOL, OR WILDCAT

North Benson Queen

Grayburg

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

Sec. 27, T-18-S, R-30-E

14. PERMIT NO.

Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3472' (DF)

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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. Rig up. Install BOP. Pull Injection tubing & packer.
2. Set RBP in 4 1/2" Csg @ 2700' & dump sand on plug.
3. Log to locate top of cement.
4. Perforate 4 1/2" Casing w/4-JS above top of cement.
5. Set cement retainer and squeeze & circulate to surface.
6. Drill out cement, test casing & pull RPB.
7. Run injection tubing & packer. Return to injection.

RECEIVED

JUN 11 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

W. S. Stork

TITLE Asst. Dist. Supt.

DATE

6-9-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
JUN 15 1976
W. L. BEEKHOF
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED

JUN 12 1976

D.C.C.
FEDERAL BUREAU OF INVESTIGATION