## UNIT STATES SUBMIT IN TRIPLICA (Other instructions on DEPARTMENT OF THE INTERIOR verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

| GEOLOGICAL SURVEY   |   |                                   | NM-033775   |
|---|---|-----------------------------------|---|
| SUNDRY NOTICES AND REPORTS ON WELLS   |   |                                   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                |
| (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.)  |   |                                   | 7. UNIT AGREEMENT NAME                              |
| oth Cas Water Injection   |   | North Benson Queen Unit           |   |
| WELL COMPANY  |   |                                   | 8. FARM OR LEASE NAME                               |
| Z. NAME OF OPERATOR  Texaco Inc.  |   |                                   | North Benson Queen Unit                             |
| 3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240   |   |                                   | 2   |
| 4 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  |   |                                   | 10. FIELD AND POOL, OR WILDCAT                      |
| See also space 17 below.)<br>At surface   |   |                                   | North Benson Queen                                  |
| 990' FNL & 560'   | FWL of Section 27,                      | T-18-S,                           | 11. SEC., T., R., M., OR BLK. AND<br>SURVEY OR AREA |
| R-30-E, Unit Letter D, Eddy County, New Mexico  |   |                                   | Sec. 27, T-18-S, R-30-E                             |
| 14 PERMIT NO.   15. ELEVATIONS (Show whether DF, RT, GR, etc.)  |   |                                   | 12. COUNTY OR PARISH 13. STATE                      |
| 14. PERMIT NO.  Regular  15. ELEVATIONS (Show whether DF, RI  |   | ,,,                               | Eddy New Mexico                                     |
|   |   | AND DOLLAR                        |   |
| 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data   |   |                                   |   |
| NOTICE OF INTENTION TO:   |   |                                   | UENT REPORT OF:                                     |
| TEST WATER SHUT-OFF   | PULL OR ALTER CASING                    | WATER SHUT-OFF                    | REPAIRING WELL                                      |
| l i   | MULTIPLE COMPLETE                       | FRACTURE TREATMENT                | ALTERING CASING                                     |
| SHOOT OR ACIDIZE  | ABANDON*                                | SHOOTING OR ACIDIZING Squeez      | ABANDONMENT*  |
| REPAIR WELL   | CHANGE PLANS                            | (Morr : Pepert result             | s of multiple completion on Well                    |
| (Other)  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 dates. |   |                                   |   |
| 17. DESCRIBE PROPOSED OR COMPLETED OPE proposed work. If well is directed   | nally drilled, give subsurface location | is and measured and true vertices | cal depths for all markers and zones perti-         |
| nent to this work.)*  1. Rig up. Instal   | 1 BOP. Pull injec                       | tion tubing & pa                  | acker.  |
| 2. Set RBP in $4\frac{1}{2}$ " Csg @ 2588' & dumped 2 sx (20') sand on top of plug.   |   |                                   |   |
| 2 Log to locate top of cement.  |   |                                   |   |
| 4. Perforate 4½" casing W/4-JSPF @ 2425'.   |   |                                   |   |
| 5. Set cement retainer and squeeze perforations W/300 sx class cement   |   |                                   |   |
| containing 10# salt/sx.   |   |                                   |   |
| 6. Set cement retainer @ 2080'. Squeeze 4½"Csg leak W/500 sx class 'C'  |   |                                   |   |
| cement. Move retainer to 2060'. Resqueeze W/500 sx class 'C' cement.  |   |                                   |   |
| 7. Set retainer @ 2040'. Squeeze perforations @ 2425' W/500 sx class 'H'  |   |                                   |   |
| cement W/2% CaCl. 8. Squeeze 4½" Csg leak @ 510' W/300 sx class 'H' cement W/2% CaCl &  |   |                                   |   |
| 8. Squeeze 4½ Csg leak @ 510' W/300 sx class 'H' cement W/2% CaCl &   |   |                                   |   |
| 10# sand/sx. DOC @ 380'-570'. Lost returns. 9. Squeeze Csg leak @ 510' W/200 sx class 'H' cement W/2% CaCl & 20#  |   |                                   |   |
| 9. Squeeze Csg leak @ 510' W/200 sx class 'H' cement W/2% CaCl & 20#  |   |                                   |   |
| sand per sx. Follow W/100 sx Thick-So mix W/2% CaCl & 10# sand per sx.  10. Drill out cement & test 4½" Csg for 30 minutes W/1000#. Tested 0.K.  11. Install injection equipment. Test injection rate @ 975 BWPD @ 1600#.   |   |                                   |   |
| 11. Install injection equipment. Test injection rate @ 975 BWPD @ 1600#.  |   |                                   |   |
| Return to inject  | tion                                    | o mijecomen rae                   | RECEIVED"   |
| neourn oo migee   |   |                                   |   |
|   |   |                                   | SEP 0 1 1976  |
|   |   |                                   | U. S. GEOLOGICAL SURVEY                             |
| ?   |   |                                   | ARTESIA, NEW MEXICO                                 |
| 18. I hereby certify that the foregoing   |   | datant Dictriat                   | Supt <sub>DATE</sub> 8-31-76                        |
| SIGNED CATAGORIA  | TITLE ASS                               | TECHTIC DISCILCE                  | Dup Chate 0-31-10                                   |
| (This space for Federal or State of   | ice use)                                |                                   |   |
| APPROVED PARTIES OF APPROVAL, IF  | ANY:                                    |                                   |   |
| \$1976  |   | 957 = 1                           | 1976  |
| St Buth   | *See Instructions                       | on Reverse Side                   |   |
| ACTING DISTRICT FACINEER  | See manochons                           | O. O                              | 8. <b>G.</b>  |
| ACTING CONTRACTOR   |   | ARTECIA,                          | OFFICE  |