

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

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.)

990' FNL & 560' FWL

AT SURFACE: (Unit Letter 'D')

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒ XX
(other)

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

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

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 tubing & packer.
2. Set CIBP @ 2700' & spot 300' (25 sx.) Cement on top of plug
3. Spot 300' (25 Sx.) Cement plug from 1775' to 1475'.
4. Spot 300' (25 Sx.) Cement plug from 650' to 350'.
5. Spot 100' (7 Sx.) Cement plug from 100' to surface.
6. Install Dry Hole Marker & clean location.

7. Plug & Abandon Well.

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

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

SIGNED [Signature] TITLE Asst. Dist. Mgr DATE 2-23-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sig.) PETER W. CRISTEN TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 4 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

5. LEASE

NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME MAR - 8 1982

7. UNIT AGREEMENT NAME

O. C. D.

North Benson Queen Unit

AREA, OFFICE

8. FARM OR LEASE NAME

North Benson Queen Unit

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

North Benson 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)

3472' (DF)

RECEIVED