

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☐ other Water Injection
2. NAME OF OPERATOR
Texaco Inc.
3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL & 560' FWL
AT TOP PROD. INTERVAL: (Unit Letter 'D')
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:	SEQUENT 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 type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input 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 checked="" type="checkbox"/>

(other)

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. Rigged up. Pull tubing & pkr.
2. Set CIBP @ 2700'. Spot 325 sx Cement plug from 2700'-2400'.
3. Spot 25 sx Class 'H' Cement plug from 1775'-1475'.
4. Spot 25 sx. Class 'H' Cement plug from 650'-350'.
5. Spot 7 sx. Cement plug from 100' - surface.
6. Install Dry Hole marker & clean location.
7. Well plugged & abandoned, 3-25-82.
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 March 30, 1982

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

OCT 6 1983

*See Instructions on Reverse Side

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.
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)

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

RECEIVED BY

OCT 06 1983

O. C. D.

ARTESIA, OFFICE

MAR 21 1982

Post FD-2
4-9-82
P+H