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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
MAY 1 1975
O. C. C.
ARTESIA, OFFICE

Form C-103
Supersedes Old C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease: State [X] Fee [ ]
5. State Oil & Gas Lease No. E-9262

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL [ ] GAS WELL [ ] OTHER- Injection
7. Unit Agreement Name: North Benson Queen Unit
2. Name of Operator: TEXACO Inc.
8. Farm or Lease Name:
3. Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240
9. Well No. 42
4. Location of Well: UNIT LETTER F, 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 18-S RANGE 30-E NMPM.
10. Field and Pool, or Wildcat: North Benson Queen Grayburg
15. Elevation (*Show whether DF, RT, GR, etc.*): 3415 DF
12. County: Eddy

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER Acidize [ ]		OTHER [ ]	

17. Describe Proposed or Completed Operations (*Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work*) SEE RULE 1103.

1. Rig up pulling unit, and pull 2 3/8" tubing and packer
2. Run RBP & packer. Set RBP at 3150' and packer at 3070'. Treat perforations 3095' and 3124' w/ regular 15% acid w/ 10% by volume Halliburton's Musol and w/5 gals. per 1500 gals. Morflo. Displace acid w/ fresh water shut well in 30 min. Swab acid residue. Test injectivity of interval w/ fresh water at injection pressure 1600 psi.
3. Move RBP to 3020 & packer to 2950'. Treat perfs 2955' to 2995 w/ 1000 gals. acid same as Step #2.
4. Pull RBP and packer.
5. Run injection tubing and packer. Load annulus w/ inhibited fluid and return well to injection.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [signature] TITLE Asst. Dist. Supt. DATE April 29, 1975

APPROVED BY W. A. Gressett TITLE SUPERVISOR, DISTRICT II DATE MAY 1 1975

CONDITIONS OF APPROVAL, IF ANY: