

OIL & GAS COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

NM OLD...
Denver DD
Artesia, NM 8210

Form Approved.
Budget Bureau No. 42-
RECEIVED

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 well gas well other Water Injection

2. NAME OF OPERATOR
Texaco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 728, Hobbs, N. M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSL & 1651' FEL
AT TOP PROD. INTERVAL: (Unit Letter 'J')
AT TOTAL DEPTH:

5. LEASE
NM-033775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JUL 15 1982

7. UNIT AGREEMENT NAME
O. C. D. North Benson Queen Unit ARTESIA OFFICE

8. FARM OR LEASE NAME
North Benson Queen Unit

9. WELL NO.
16

10. FIELD OR WILDCAT NAME
North Benson Queen Grayburg

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-18-S, R-30-E

12. COUNTY OR PARISH | 13. STATE
Eddy | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3499' (DF)

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

REQUEST FOR APPROVAL TO:	SUBSEQUENT 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 type="checkbox"/>
(other) To: <u>Repair Water Flow</u>	

(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 RBP @ 2500' & dump 20' sand on plug.
3. Cement to surface casing leak @ 560' w/100 sx Class 'H' Cement. Squeeze w/addl. 300 sx. Class 'H' Cement. WOC. DOC. Test. Pull RBP.
4. Clean out to 3360' (TD). Spot 400 gals. 15% HCl Acid over perms. 2782' - 3336'.
5. Run injection tubing & packer. Test & return to water injection.

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 7-7-82

APPROVED (This space for Federal or State office use)
APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 13 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
JUL 8 1982