

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 723m, HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FSI & FEJ (UNIT LETTER 'J')
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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: Install liner to control waterflow.**

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 markets and zones pertinent to this work.)

1. RIG UP. Install ROP.
 2. Remove RBP & Clean out log TD.
 3. Set GHP @ 2730'
 4. Run 2730' ± 7/8" OD 6.50 lb/ft 1-55 tubing & cement 1/135 SX Class 'H' Cement. Circulate Cement, WOC, BOC, Test.
 5. Drill out GHP.
 6. Run 2 1/16" OD plastic coated tubing 7/8" ID & set @ 2680'; Load Annulus with inhibited water.
 7. Return well to injection.
- Subsurface Safety Valve Details and Type _____ Set @ _____ ft.

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

SIGNED [Signature] TITLE ASST. Dist. Mgr. DATE 9-2-82

(This space for District or State Office Use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

5. LEASE
IM- 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
16

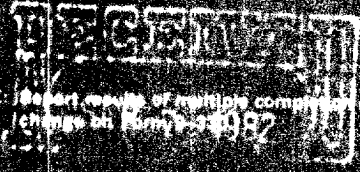
10. FIELD OR WILDCAT NAME
NORTH BENSON QUEEN GRAYBURG

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)



NOTE: Report results of multiple completions or zones (change on Form 9-331-1982)

OR. R. S. V. L.
GEOLOGICAL SURVEY
DALLAS, NEW MEXICO