

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.
LC030139B

6. If Indian, Allocated or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other Water Injection

2. Name of Operator
Conoco, Inc.

3. Address and Telephone No.
10 Desta Dr, STE. 100W, Midland, TX 79705-4500

4. Location of Well (Footage, Sec., T., R., M., or Survey Description):
660' FNL & 1980' FEL
Sec. 26, T-23S, R-36E

7. If Unit or CA, Agreement Designation

Langlie Lynn Queen Unit

8. Well Name and No.
14

9. API Well No.
300252019100

10. Field and Pool, or Exploratory Area
Langlie Mattix

11. County or Parish, State
Seven Rivers Queen
Lea, NM

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- Notice of Intent
 Subsequent Report
 Final Abandonment Notice

TYPE OF ACTION

- Abandonment
 Recompletion
 Plugging Back
 Casing Repair TEST
 Altering Casing
 Other Temporary Abandonment
 Change of Plans
 New Construction
 Non-Routine Fracturing
 Water Shut-Off
 Conversion to Injection
 Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

It is proposed ~~to temporarily abandon this well in order~~ to perform the following operations:

1. Trip in hole with bit and scraper to 3474'.
2. Set RBP 50' to 100' above 3474' and circulate hole full of packer fluid.
3. Pressure test casing to 500psi for 30 minutes.

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

Signed

[Signature]

Title Sr. Conservation Coordinator

Date 6-7-91

(This space for Federal or State office use)

Approved by

Title

Date 6-19-91

Conditions of approval, if any: