

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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

5. Lease Designation and Serial No.

LC 029405B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. 621  
MCA UNIT NO. 99

9. API Well No.  
3002512764

10. Field and Pool, or Exploratory Area  
MALJAMAR G/SA

11. County or Parish, State

LEA, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

INJECTION WELL

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

10 Desta Drive W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

25' FSL, 25' FEL SEC. 19, T-17S, R-32E, UNIT 'P'

**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

☐ Altering Casing

☒ Other TEMPORARY ABANDON

☐ 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 Perforation 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.)

12-26-91  
MIRU, POOH WITH TBG.  
GIH W/ RBP SET AT 3570' CIRC HOLE W/ PACKER FLUID  
TEST CSG TO 500# FOR 30 MIN - HELD.  
RIG DOWN

REQUEST APPROVAL FOR TEMPORARY ABANDONMENT.

APPROVED FOR 12 MONTH PERIOD

ENDING 12/27/92

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

Signed [Signature]

Title SR. STAFF ANALYST

Date 5-7-92

(This space for Federal or State office use)

Approved by [Signature]

Title [Signature]

Date 8/3/92

Conditions of approval, if any:

