

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OIL CONSERVATION VISION  
RECEIVED  
OCT 13 PM 10 25

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

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other INJECTION

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

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

2615' FNL & 25' FWL, SEC 21, T-17S, R-32E, UNIT LTR 'E'

5. Lease Designation and Serial No.

LC 029509A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. *fty 2*

MCA UNIT NO 262

9. API Well No.

30-025-23660

10. Field and Pool, or Exploratory Area

MAJAMAR GRAYBURG SA

11. County or Parish, State

LEA, NM

12. 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 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.)\*

7-13-92 MIRU. POOH W/ TBG & PKR. RIH W/ RBP SET @ 3686'.  
CIRC PKR FLUID. TEST CSG TO 500# FOR 30 MIN - HELD  
RDMO

REQUEST PERMISSION TO TEMPORARY ABANDON WELL.  
NMOCD NOTIFIED BY DID NOT WITNESS THE TEST.

APPROVED FOR 12 MONTH PERIOD

ENDING 7/13/93

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

Signature [Signature]

Title SR. REGULATORY SPEC

Date 9-21-92

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title \_\_\_\_\_

Date 10/5/92

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