

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 057210

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Federal BI No. 1

9. API Well No.

3002527068

10. Field and Pool, or Exploratory Area

Maljamar Strawn

11. County or Parish, State

Lea, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

Conoco, Inc.

3. Address and Telephone No.

10 Desta Dr. Ste 100W, Midland, TX 79705

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

Unit Letter 'N', ~~550~~ FSL & 1980' FWL
Sec. 28, T-17S, R-32E ~~SOS~~

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 Casing Integrity Test

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

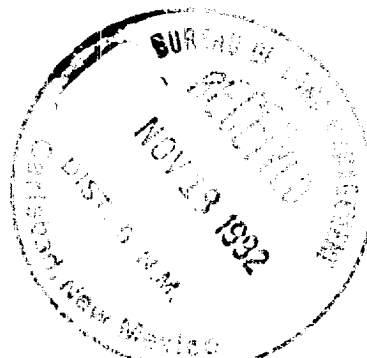
☐ Dispose Water

(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 perform the following operations in order to prepare this well for temporary abandonment:

1. POOH w/prod equipment.
2. RIH w/RBP & set within 50 foot above top perf (Strawn perfs @ 11634-11648').
3. Fill casing with packer fluid.
4. Pressure test fluid filled casing at 500 psi for 30 mins.
5. Cut chart.



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

Signed

Title

Sr. Conservation Coordinator

Date

11-18-92

(This space for Federal or State office use)

Approved by

Title

Date

12/8/92

Conditions of approval, if any: