Submit 3 Copies to Appropriate District Office

 Type of Well: WELL 2. Name of Operator

3. Address of Operator

CONDITIONS OF APPROVAL, IF ANY:

4. Well Location

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

- ISLAN CITAC				VEARMEN 1-1-9A
DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II	P.O. B	ATION DIVISION Sox 2088	WELL API NO. 300250938896	
P.O. Drawer DD, Artesia, NM 88210 DISTRICT III		5. Indicate Type of Lease STA	ATE FEE	
1000 Rio Brazos Rd., Azzec, NM 87410			6. State Oil & Gas Lease No B-1506	L.
SUNDRY NOTICES AND REPORTS ON WELLS				
(DO NOT USE THIS FORM FC:. PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			7. Lease Name or Unit Agreement Name Langlie Lynn Unit	
. Type of Well: OIL GAS WELL WELL		ter Injection		
Name of Operator Conoco, Inc.			8. Well No.	
. Address of Operator 10 Desta Dr, Ste 100W, 1	Midland, TX 79705	-4500	9. Pool name or Wildcat Lan Seven Rivers Qu	
. Well Location			Seven Kivers Qu	Teen
Unit Letter :1980	Feet From The South	Line and 660	Feet From The We	est Line
Section 23	Township 23S	Range 36E	NMPM Lea	County
	10. Elevation (Show)	vnether DF, RKB, RT, GR, etc.)	7////	7/////////////////////////////////////

11.	heck App	ropriate Box to Indi	icate N	Vature of Notice, Report, or	Othe	r Data	_
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK		PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	_
TEMPORARILY ABANDON	x	CHANGE PLANS		COMMENCE DRILLING OPNS.		PLUG AND ABANDONMENT	_
PULL OR ALTER CASING				CASING TEST AND CEMENT JOS	$\overline{}$		
OTHER:	_			OTHER:		г	_

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

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

3371' GR

- 1. Trip in hole with bit and casing scraper to 3536'.
- Set RBP 50' to 100' above 3536' and circulate hole full of packer fluid.
- 3. Pressure test casing to 500 psi for 30 minutes.

يوار ووار الرمايية ويعد الوجود المتدارية السوممين والروج عاليا

I hereby certify that the offormation above is true and complete to the best of my knowledge and belief.	
	vation Coordinator _{DATE} 6-7-91
TYPEOR PRINTINAME JERRY W. Hoover	1ELEPHONE NO. (915) 686-654
(This space for State Use) RIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	JUN 1 2 1991
APPROVED BY	OOK + 10 HO

Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources De

Form C-103	
Revised 1-1-8	

District Office		desources Department	Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION	ON DIVISION	
DISTRICT II	P.O. Box 20	88	WELL API NO.
P.O. Drawer DD, Artesia, NM 88210	Santa Fe, New Mexico	87504-2088	30-625-09388.
DISTRICT III 1000 Rio Brazos Rd., Azzac, NM 87410			5. Indicate Type of Lesse STATE FEE
			6. State Oil & Gas Lease No.
SUNDRY NOT	TICES AND REPORTS ON WE	us	
DIFFERENT RESE	IOPOSALS TO DRILL OR TO DEEPEN RVOIR. USE "APPI ICATION FOR DE	100 N 110 B 444	7. Lesse Name or Unit Agreement Name
I. Type of Well:	2-101) FOR SUCH PROPOSALS.)		1 analie lunn
AET GYS COT	OTHER IN W.	itim.	Rate of Chapter
2. Name of Operator		$\frac{210N}{2}$	auch Ind
Canoco Inc.			8. Well No.
3. Address of Operator	1 - 1 - 1		9. Pool name or Wildcat
10 Desta Drive	best Widland,	179705.	Languiplating Thurs Onion
Unit Letter : 198	Peet From The South	Line and	
Section 23	~ ^ ^		Pest From The Line
	Township 235 Ran	nge 3loE	NMPM LQ County
	10. Elevation (Show whether	DF, RKB, RT, GR, etc.)	
ll. Check	Ammoriate Daniel V	•	
NOTICE OF IND	Appropriate Box to Indicate N	Nature of Notice, Re	port, or Other Data
NOTICE OF INT	ENTION TO:	SUBS	SEQUENT REPORT OF:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	_
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	ALTERING CASING
ULL OR ALTER CASING			- TOTALID NEW PONTER!
THER:	_	CASING TEST AND CEN	\sim 1.
		OTHER: IN JUST	
Describe Proposed or Completed Operat work) SEE RULE 1103.	ions (Clearly state all pertinent details, and	give pertinent dates, includi	ng estimated date of starting any proposed
This is to me	form was the	the vel.	erenced well
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Elmolonino los	in August "		
Copa a a a.	radication.		
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bereity certify that the information about to	and complete to the best of my knowledge and he		
	ma complete to the best of my knowledge and he	ief	

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE OF FIGURE	uction Analyst DATE 9/17/90.
TYPEORPRINTNAME Vannetle Velson	TELEPHONE NO. (915) 686 655
(This space for State Use)	
APTROVED BY	

- DATE -

· me

CONDITIONS OF AFTROVAL, IF ANY: