

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, Allottee 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 Well

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 & 660' FEL
Sec. 27, T-23S, R-32E
36

7. If Unit or CA, Agreement Designation

Langlie Lynn

8. Well Name and No.

11

9. API Well No.

300252052100

10. Field and Pool, or Exploratory Area

Langlie Mattix Seven River
Queen

11. County or Parish, State

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
☐ Altering Casing
☒ Other ~~Temporary Abandonment~~
PRESSURE TEST CASING
- ☐ 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~~ to perform the following operations:

1. Trip in hole with bit and casing scraper to 3580'.
2. Set RBP 50' to 100' above 3580' and circulate hole full of packer fluid.
3. Pressure test casing to 500 psi for 30 minutes.

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

Signed 

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: