

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget System 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 100 W, MIDLAND, TX 79705 (915) 686-5494

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

G 1980/N & 1980/E
Unit letter B, Sect. 26, T23S, R36E

5. Lease Designation and Serial No.

LC-030139B

6. If Indian, Allotment or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No. Queen Unit
Langlie Lyring No. 15

9. API Well No.
30-025-21067

10. Field and Pool, or Exploratory Area
Langlie Matrix SRQNB

11. County or Parish, State

Lea, NM

CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Lease
☒ 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.)

MUR. 2 1/4" w/ Baker lock set. RBP + pk set at 3368. TS + csg for 30 min
500# - HELD. Circ pk fluid. 7-10-91
Request approval for temporary abandonment.

APPROVED FOR 12 MONTH PERIOD

ENDING 7/10/92

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

Signed Christine A. Neff

Title ADMIN. ASSISTANT

Date 1-6-92

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 5/31/92