

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

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil ☐ Gas ☐ Other
☒ Well ☐ Well ☐ Other

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

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

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

660' FSL & 1650' FEL SEC. 7, T-23S, R-37E UNIT 'O'

5. Lease Designation and Serial No.

LC 030556B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

STEVENS 'B' NO. 19

9. API Well No.

3002522180

10. Field and Pool, or Exploratory Area

SR 23N-
LANGLIE MATIX GRAYBURG

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

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completions on Well Completion or Perforations 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.)*

12-16-91

MIRU. POOH W/ RODS & PUMP. POOH W/ PROD. STRING.

RIH W/ RBP SET AT 3577. SPOT 3 BBLs CEMENT PLUG FROM 1336-1150

GIH WITH TBG. TAG PLUG AT 1215

TEST CSG TO 500# FOR 30. MIN - HELD

RIG DOWN

REQUEST APPROVAL FOR TEMPORARY ABANDONMENT.

APPROVED FOR 12 MONTH PERIOD

ENDING 01-01-93

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

Signed David R. Zander

Title SR. STAFF ANALYST

Date 5-8-92

(This space for Federal or State official use)

Approved by David R. Zander

Title

Date 5-15-92

Comments or approval, if any: