

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.

LC030139A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lynn-A No. 5

9. API Well No.

300252400800

10. Field and Pool, or Exploratory Area

Langlie Mattix Seven

Rivers Queen

11. County or Parish, State

Lea, NM

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Salt Water Disposal

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)

330' FNL & 330' FEL  
Sec. 28, T-23S, R-36E

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

TYPE OF SUBMISSION

- ☒ Notice or Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☒ Casing ~~Repair~~ TEST  
☐ 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 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 <sup>and</sup> to perform the following operations:

1. Trip in hole with bit and casing scraper to 3647'.
2. Set RBP 50' to 100' above 3647' 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

*[Signature]*

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: