

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO 30-025-08406 03871

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

WEST LOVINGTON UNIT

8. Well No.

6

9. Pool name or Wildcat

Lovington Grayburg San Andres

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well:

Oil Well ☐ Gas Well ☐ Other ☐ Water Injection Well

2. Name of Operator

Pure Resource

3. Address of Operator

500 West Illinois - Midland, Texas 79701

4. Well Location

Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line

Section

4

Township

17S

Range

36E

NMPM

Lea

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3816 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: TA

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion

TA STATUS TEST, FOR APPROVAL, CHART INCLUDED
WITNESSED BY NMOCD REP. E L GONZALES
START PSI- 560, FINISH PSI- 550
TIME- 32 MIN.

This Approval of Temporary
Abandonment Expires

7/19/10

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Cecil D. Tate TITLE: PRODUCTION FORMAN DATE: JULY 20, 2005

Type or print name: CECIL D. TATE

Telephone No.: 505-396-7503

(This space for State use)

APPROVED BY Harry W. Wink TITLE: FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUL 2 2005

Conditions of approval, if any:



