Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

CIST

Form C-103 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

	 .v.5cu	1-1-05
LL API NO.	 •	
EL AITHO.		

P.O. Box 1980, Hobbs, NM 88240 2040 Pacheco St.				WELL API NO.				
DISTRICT II Santa Fe, NM 87505			30 015 22647					
P.O. Drawer DD, Artesia, NM 8	3210					sIndicate Type of Lea		FEE X
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM	<i>1</i> 1 87410					6State Oil & Gas Leas	STATEse No.	FEE
SUNI	DRY NOTIC	ES AND REPORT	S ON WEL	LS				
(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.)					7Lease Name or Unit Agreement Name Pardue Farms 26 (023465)			
	GAS WELL	OTHER						
² Name of Operator Pure Resources, L.P.						sWell No. 2		
3Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701				∍Pool name or Wildcat East Loving Brushy Canyon				
₄Well Location	700							
Unit Letter D :	760Fe	eet From The	north	Line and	990	Feet From The	west	Line
Section	26	Township	23S F	Range	28E	NMPM	Eddy	County
		₃ Elevation (Shows 3022 GR	w whether DF,	RKB, RT, GR, etc	2.)			
11 (Check App	ropriate Box to Ir	idicate Na	ature of Not	ice, Re	port, or Other D)ata	
				SEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		PLUG AND ABANDO	ON	REMEDIAL WO	ORK		ALTERING CAS	SING
TEMPORARILY ABANDON		CHANGE PLANS	·	COMMENCE D	RILLING O	PNS.	PLUG AND ANE	ANDONMENT
PULL OR ALTER CASING				CASING TEST	AND CEME	ENT JOB		· <u>-</u>
OTHER: Downhole comm	ingle (DHC-27	756)	X	OTHER:				: -
12Describe Proposed or Comple work) SEE RULE 1103.	ted Operations (C	Clearly state all pertinent d	etails, and give	pertinent dates, i	including es	timated date of starting	any proposed	
1) MIRU. POH w/ rods: 2) TIH w/ bit, drill collars 3) Continue in hole and 4) Return to production.	i, & tbg. Drill o check PBTD (out CIBP @ 6240' an	d CIBP @ 6	300' (has 35' o sand.	cmt on top	p).	***************************************	
							12/26 8/4	

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

SIGNATURE

TITLE Regulatory Analyst

DATE 06-30-00

TITLE

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. 915/498-8662

(This space for State Use)

APPROVED BY

ORIGINAL SIGNED BY TIM W. BUM DISTRICT II SUPERVISOR

AMG 1 0 2mm