

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

2040 Pacheco St.  
Santa Fe, NM 87505

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.  
30 015 23787

Indicate Type of Lease  
STATE ☐ FEE ☒

State Oil & Gas Lease No.

Lease Name or Unit Agreement Name  
Pardue Farms 27

Well No.  
3

Pool name or Wildcat  
South Culebra Bluff Bone Springs

**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.)

Type of Well:  
OIL WELL ☒ GAS WELL ☐ OTHER

Name of Operator  
Pure Resources, L.P.

Address of Operator  
500 W. Texas, Ste. 200, Midland, TX 79701

Well Location  
Unit Letter J : 1980 Feet From The south Line and 1980 Feet From The east Line  
Section 27 Township 23S Range 28E NMPM Eddy County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3044 GR

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 ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER: Downhole commingle (DHC-2758) ☒

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.

- 1) MIRU. POH w/ rods & pump. Install BOP. POH w/ tbg.
- 2) TIH w/ chisel bottom bailer and knock out CIBP @ 6248'.
- 3) Continue in hole, and check PBTD (7491'); circulate hole clean.
- 4) RIH w/ pump, rods.
- 4) Return to production.

RECEIVED  
OCD - ARTESIA

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

SIGNATURE Laura Clepper TITLE Regulatory Analyst DATE 08-08-00

TYPE OR PRINT NAME Laura Clepper TELEPHONE NO. 915/498-8662

(This space for State Use)

ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT II SUPERVISOR B6A

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE DEC 15 2000

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
JAN 14 1964  
U.S. DEPARTMENT OF AGRICULTURE  
WASHINGTON, D.C.