

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

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

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30 015 26036
Indicate Type of Lease STATE FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Pardue Farms 27
Well No. 7
Pool name or Wildcat East Loving Brushy Canyon

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pure Resources, L.P.	
Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701	
Well Location Unit Letter A : 560 Feet From The north Line and 560 Feet From The east Line Section 27 Township 23S Range 28E NMPM Eddy County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3036 GR	

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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: Downhole commingle (DHC-2759) ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

- 1) MIRU. POH w/ rods & pump. Install BOP. POH w/ tbg.
- 2) TIH w/ chisel bottom bailer and knock out CIBP @ 6260'.
- 3) Continue in hole and check PBD (7450') to evaluate cleaning out sand.
- 4) Return to production.



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 06-30-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. 915/498-8662

(This space for State Use)

APPROVED BY

Jim W. Green

TITLE

District Supervisor

DATE

AUG 10 2000

CONDITIONS OF APPROVAL, IF ANY: