Submit 3 Copies To Appro	State of No	of New Mexico					For	m C-10)3			
Office	Energy, Minerals &						Revised March 25, 1999 WELL API NO.					
District I 1625 N. French Dr. Hobbs, I	CONSERVA	(TION	ON	30-039-26454 5. Indicate Type of <u>Lease</u>								
811 South First, Artesia,NM 88210 2040 Sc				outh Pacheco			STATE X FEE					
District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505							6. State Oil & Gas Lease No.					
District IV 2040 South Pacheco, Santa F	e,NM 87505											
(DO NOT USE THIS DIFFERENT RESER PROPOSALS.)	NDRY NOT	OPOSALS TO	ND REPORTS O DRILL OR TO DEE FOR PERMIT" (FOR)	EPEN OR I	PLUG BACK 1	TO A	7. Lease N	ame or	Unit Agreeme	ent Name		
1. Type of Well: Oil Well Gas Well Other						•	RINCON UNIT					
2. Name of Operat					8. Well No. 179M							
PURE RESOURCES L.P. 3. Address of Operator								9. Pool name or Wildcat				
P.O. BOX 850 , BLOOMFIELD, NM 87413							Basin DK/Blanco MV					
4. Well Location Unit Letter	F	: 16	50' feet from t	the N	ORTH line	e and	2120'	_ feet f	om the	WEST	line	
									ARRIBA	County		
Section		16	Township 10. Elevation (Show	_					VENDY	County		
			-	6	554' KB							
NO	11. Check A	ppropriat NTENTIC	e Box to Indicat	te Natur	e of Notice	Report,	or Other D BSEQUEN	ata IT REI	PORT OF:			
PERFORM REMEDIAL	work [PLUG	AND ABANDON		REMEDIAL	WORK			ALTERING	CASING		
TEMPORARILY ABANDON CHANGE PLANS			GE PLANS		COMMENCE DRILLING OPI			OPNS PLUG AND ABANDONMENT				
PULL OR ALTER CASI	NG [MULTI COMP	PLE LETION		CASING TE CEMENT J							
OTHER:				_ 🗆	OTHER: _		PRODUCTI	ON PEI	RCENTAGE	<u> </u>	_ X	
12. Describe propos of starting any p or recompliation	roposed wor	eted opera k. SEE R	tions.(Clearly sta	ne an pe Multiple	e Completio	ons: Atta	ch wellbore	diagra	m of propos	sed compl	letion	
	After testing bo	oth zone Pur	e Resources show p	roduction	percentages a	as being		16				
				OIL		GAS		les .	2007			
	BASIN DAKOTA	١		1%		77%		56	DECKING		•	
BLANCO MESA VERDE				0% 23%			•	34	W.Co.	e		
								\$C2				
								VE.	*****************************			
I hereby certify that	the informatio	n above is	true and complete	to the be	est of my kn	owledge ar	nd belief.					
	ne sells				3.		J. Basin Area Production Foreman DATE 12/06/01					
SIGNATURE	THE TO	wy					TELEPHONE NO. (505) 632-1					
Type or print name This space for State Use)			Mic	cheal C. F			 _		Ŭ	FC 1 (25-101	
APPROVED BY	Orlginal Sign	186 y d free	医线照线 外的外	T I	ITLE	7 9M. R. S	as instacti	or, eisi	DATE _		ZUU1	
Conditions of approv	al, if any:											