

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

Form C-103
May 27, 2004

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

WELL API NO. 30-015-34155-94205
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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.)		7. Lease Name or Unit Agreement Name Esperanza "24"
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	8. Well Number 1	9. OGRID Number 150628
2. Name of Operator Pure Resources, L.P.	10. Pool name or Wildcat Carlsbad; Morrow, South (Pro Gas)	
3. Address of Operator 500 W. Illinois, Midland, Texas 79701	4. Well Location Unit Letter _____ F _____ : _____ 1685 _____ feet from the _____ North _____ line and _____ 1935 _____ feet from the _____ West _____ line Section 24 Township 22S Range 26E NMPM Eddy County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3171' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Contingency alternate cement plan	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. 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.

This is not a change in the original program, it is a contingency in case of lost circulation.

- 1.) TIH w/9-5/8" csg & float equip. to btm, circ for a minimum of 2 annular volumes prior to cmt'g.
- 2.) Cmt w/Halliburton's ZoneSeal Process as follows: 50 bbls FW w/70 scf/bbl Nitrogen Spacer. Lead cmt: 785 sx of ZoneSeal Premium-Pluc cmt. 30 Bbls ZoneSeal Prem-Plus w/70scf/bbl N2, 72 Bbl ZoneSeal Prem-Plus w/90 scf/bbl N2, 82 bbl ZoneSeal Prem-Plus w/125 scf/bbl N2. Tail w/ 250 Prem-Plus cmt. Shut down drop 5-W Top Plug, Displace w/ FW, Once foam is circ to surf, hold ± 100 psi back pres on annulus & SI 5 to 10 bbl prior to landing plug. Check floats, pres csg to ± 500 psi.
- 3.) If foam cmt is no circ to surf: Pres 9-5/8" csg to ± 1000 psi & monitor pres. Prepare to cmt down the 9-5/8" X 13-3/8" annulus. Mix & pump 350 sx of Foamed Prem-Plus cmt (82 bbls Prem-Plus cmt w/80 scf/bbl N2). Mix & pump 70 sx of Thix-O-Tropic CAP cmt down the annulus. Displace CAP cmt w/ ± 5 bbl FW to clear pumps, lines, & BOP. SI annulus, release pres on csg & allow CAP cmt to set.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Anna M. Schelling TITLE Regulatory Clerk DATE 07/14/05

Type or print name Anna M. Schelling E-mail address: aschelling@pureresources.com Telephone No. 432/620-5602
For State Use Only

APPROVED BY: Richard W. Schelling TITLE District II Supervisor

JUL 15 2005
DATE

Conditions of Approval (if any):