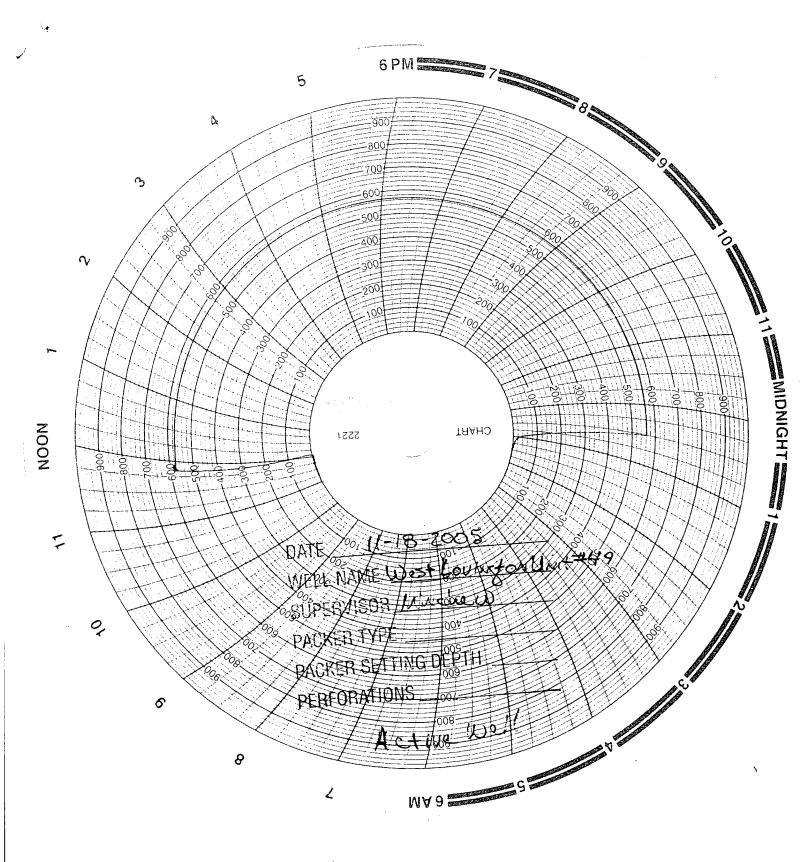
| Submit 3 Copies To Appropriate District Office State of New Mexico   | Form C-103                                       |
|--|--|
| District I Energy, Minerals and Natural Reso   | urces May 27, 2004                               |
| 1625 N. French Dr., Hobbs, NM 88240<br>District II   | WELL API NO.<br>30-025-03919                     |
| 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVIS   | 5. Indicate Type of Lease                        |
| District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410   | STATE FEE  |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM  | 6. State Oil & Gas Lease No.                     |
| 87505  | B-7016   |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK   | 7. Lease Name or Unit Agreement Name             |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  | West Lovington Unit (26753)  8. Well Number 49   |
| PROPOSALS.)  1. Type of Well: Oil Well Gas Well Other Injection Well   | 8. Well Number 45                                |
| 2. Name of Operator  | 9. OGRID Number                                  |
| Pure Resources, L. P. (150628)   | 150628   |
| 3. Address of Operator   | 10. Pool name or Wildcat                         |
| 500 W. Illinois Midland, Texas 79701   | Lovington; Upper San Andres, West (40990)        |
| 4. Well Location   | ( )  |
| Unit Letter_B:660_feet from the North lir  | e and1980feet from theEastline                   |
|  | 6-E NMPM County LEA                              |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)   |  |
| 3866' GR  Pit or Below-grade Tank Application or Closure NA, propose to use Steel Tanks w/BOP Spill Containment, as necessary.   |  |
| 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:  | SUBSEQUENT REPORT OF:                            |
| <del>-</del>   | DIAL WORK ALTERING CASING                        |
| <del>-</del>   | ENCE DRILLING OPNS. P AND A                      |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASIN  | G/CEMENT JOB                                     |
|  | R: Continue Active Injection Status w/MIT Chart  |
| 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  |  |
| of starting any proposed work). SEE ROLE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.   |  |
| of recompletion.   |  |
| This well is an injection well with packer set @ ~4670'. Per the attached integrity test-chart performed on 11/18/2005, Pure   |  |
| Resources, L. P. respectfully requests approval to retain the current active Injection Well Status of this wellbore for use in our Secondary Recovery Operations.  |  |
| Secondary Recovery Operations.   |  |
| TD @ 5162'   |  |
| Perfs f/4710'-5069'  | 07.3   |
| 10-3/4"" Csg @ 315'  | 202324202625                                     |
| 7-5/8" Csg @ 1980'<br>5-1/2" Csg. @ 5162'  |  |
| 5 1.1 5.5. © 5.5.5   | 12 to 120 12 12 12 12 12 12 12 12 12 12 12 12 12 |
|  | E PONICO DE TO                                   |
| Initial Pressure: 570# 15 Min. Pressure: 570#  | 12 08 11   |
| 30 Min. Pressure: 570#   | 15 8 90 51 15                                    |
| 30 Mill. Hessale.  |  |
| 1 2 LI 01 6 3 L 3 2  |  |
| 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 NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.  |  |
| 0.1/10-  |  |
| SIGNATURE (lland Bolling TITLE Regulato  | ry AgentDATE11/30/2005                           |
| Type or print name Alan W. Bohling EAGIFATURE FATERING (432) 498-8662  |  |
| For State Use Only   |  |
| APPROVED BY: Laul, Wink of FHILE REPRESENTATIVE WATAFF MANAGER DATEC 0 6 2005  |  |
| APPROVED BY: 2 (aug.). When of Fifth REFRESENTATIVE II/STAFF MARIAGER DATE: 0 6 2005 Conditions of Approval (if and):  |  |
| The state of the s |  |



Chaven the A Inc West noving ton unit 49 West castn g = 20051 The sing = 1600 The surface = 0 Interned ate = 0 November 18, 2005 November 18, 2005 November 18, 2005