

Submit 3 Copies To Appropriate District

Office

District I

1625 N. French Dr., Hobbs, NM 87240

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

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

Form C-103

Revised May 08, 2003

WELL API NO.

30-025-05360

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

LOVINGTON SAN ANDRES UNIT

8. Well Number

16

9. OGRID Number

150628

10. Pool name or Wildcat

LOVINGTON; GRAYBURG-SAN ANDRES

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.)

1. Type of Well:

Oil Well ☐

Gas Well ☐

Other INJECTOR

2. Name of Operator

PURE RESOURCES

3. Address of Operator

500 W. ILLINOIS, MIDLAND, TEXAS 79701

4. Well Location

Unit Letter J : 1980' feet from the SOUTH line and 2310' feet from the EAST line

Section

31

Township

16-S

Range

37-E

NMPM

County

LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3824'

12. 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 ☐

MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

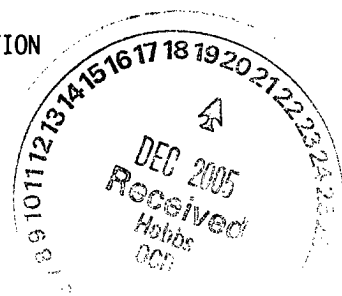
PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: PUT BACK ON INJECTION ☒

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.

12-06-05: THE INJECTION LINE WAS REPAIRED AND THE WELL WAS PLACED BACK ON INJECTION @ 23 BWIPD - INJECTION PRESSURE - 1900 PSIG.



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

SIGNATURE

Denise Pinkerton

TITLE

REGULATORY SPECIALIST

DATE

12-19-05

Type or print name DENISE PINKERTON

Telephone No. 432-687-7375

(This space for State use)

APPROVED BY

Harry W. Wink

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE

DEC 21 2005

Conditions of approval, if any: