

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. 30-025-03781
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
State Oil & Gas Lease No. B-7845
Lease Name or Unit Agreement Name Lovington San Andres Unit
Well No. 24
Pool name or Wildcat Lovington Grayburg San Andres
Well Location Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line Section 36 Township 16S Range 36E NMPM Lea County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3819' GR

**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 ☐ GAS WELL ☐ OTHER Injection

Name of Operator  
Pure Resources, L.P.

Address of Operator  
500 W. Illinois, Midland TX 79701

Well Location  
Unit Letter P : 660 Feet From The East Line and 660 Feet From The South Line  
Section 36 Township 16S Range 36E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)  
3819' GR

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: ☐

### SUBSEQUENT REPORT OF:

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

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.

Test Date: 05/25/01

	Tbg	Csg	Surf psi
30 min csg integrity test			
5 min	780	375	0
15 min	780	375	0
30 min	780	375	0

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

SIGNATURE Anna M. Schelling TITLE Regulatory Clerk DATE 12/12/01

TYPE OR PRINT NAME Anna M. Schelling

TELEPHONE NO. 915/620-5602

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

