Office State of New Mexico	
District I argy, Minerals and Natural Resources	Form C-103
1625 N. French Dr., Hobbs, NM 88240 District II	Revised March 25, 1999 WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-03866
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr.	5. Indicate Type of Lease
District IV Santa Fe NM 87505	STATE STATE
1220 S. St. Francis Dr., Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	Federal –LC-062383
1 UV NUT USE THIS FORM FOR PROPOSATS TO DRITE OR TO PROPERTY	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well:	
Oil Well Gas Well Other Water Injection Well	West Lovington Unit
2. Name of Operator Pure Resource	8. Well No.
3. Address of Operator	12
500 West Illinois – Midland, Texas 79701	9. Pool name or Wildcat
4. Well Location	Lovington San Andres West
Unit Letter E: 660 feet from the WEST line and 1980	feet from theNORTHline
Section 4 Township 17S Range 36F	
Item 10Item 10 <t< td=""><td>NMPM Lea County</td></t<>	NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notice	Report or Other Data
	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL	
COMPLETION CEMENT JOB	
OTHER:	
 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: Attack wells are the second starting and proposed work. 	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.	
recompilation.	wenoble diagram of proposed completion or
10 3/4" 40# casing set at 331'	
7 5/8" 26.4# casing set at 1,969'	
$5 \frac{1}{2}$ " 14# casing set at 5.098'	
Perforated Interval: 4,750' – 5,095'	
Injection packer at 4,489' (Arrowset 1X)	
Failed Mechanical Integrity Test: Excessive pressure on production casing.	
designed to inspect injection tubing and perform mechanical integrity test on production casing. If desing leak is identified.	
recommendation for plug and abandonment will be submitted. Work scheduled to be co	uction casing. If desing leak is identified,
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I hereby certify that the information above is true and complete to the best of my knowledge a	
	and belief.
SIGNATURE	
Type or print name: Tejay Simpson (This space for State use)	DATE: December 13, 2002 Telephone No.: 505-396-7503
APPPROVED BYTITLE	
Conditions of approval, if any:	DATE