State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

<u>DISTRICT I</u>	OIL CONSERVAT	ION DIVISION			
P.O. Box 1980, Hobbs, NM 88240	2040 Pacheco St. Santa Fe, NM 87505		WELL API NO.		
DISTRICT II			30 025 03910		
P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Le	ase	
DISTRICT III				STATE	FEE X
1000 Rio Brazos Rd., Aztec, NM 87410			State Oil & Gas Lea	ise 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"			Lease Name or Un	it Agreement Name	
	C-101) FOR SUCH PROPOSALS.)		West Lovington	Unit	
₁Type of Well:			1		
OIL GAS WELL	отнек injectio	n			
₂Name of Operator			₃Well No.	*	
Pure Resources L.P.			45		
Address of Operator					
500 West Texas, Ste. 200, Midla	and, IX 79701		Lovington, Upp	er San Andres, W	/est
₄Well Location	Feet From The north	Line and 1980		anat	
Unit Letter :	Feet From The NORTH	Line and1980	Feet From The	east	Line
Section 8	Township 17S	Range 36E	NMPM	Lea	County
Decition C	10Elevation (Show whether D	1101.90	NIVIPIVI	Loa	County
		, , , , , , , , , , , , , , , , , ,		144	
11 Check	Annuariete Deute Indicate	Nation of Nation De		D-4-	
Office A	Appropriate Box to Indicate I	Nature of Notice, Re	port, or Other i	Data	
NOTICE OF INTENTION TO: SUB-			SEQUENT RE	EPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK		ALTERING CASIN	iG
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING O	PNS.	PLUG AND ANBAN	
PULL OR ALTER CASING CASING TEST AND CEM			ENT JOB		L
	_	_			•
OTHER:		OTHER: service, pres	sure-test casing		X
12Describe Proposed or Completed Operat	tions (Clearly state all pertinent details, and g	rive pertinent dates, including es	timated date of starting	any proposed	
work) SEE RULE 1103. TD: 5100' PBTD: 5073'					
	5# tbg. @ 303'; 7-7/8" 24# tbg. @ 19	993'; 5-1/2" 14# tbg. @ 50)99'		
	<i>V</i>	, ,			
Initial pressure: 600 psi 15 min: 600 psi					
30 min: 580 psi					
	4				
I horoby podify that the information of a		L. L t. v. V. f			
*1.1	is true and complete to the best of my know				
SIGNATURE MUNICIPAL IN	(LEN) JEN	TITLE Regulatory Analyst		DATE 06-19-0	00
Laura Olassa					
TYPE OR PRINT NAME Laura Clepper				TELEBRONE NO. 915	
				TELEPHONE NO. 510	/498-8662
(This space for State Use)		oraș periodorale, Luc		TELEPHONE NO. 510	/498-8662
APPROVITO DV		C TITLE		DATE	

