

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 06875	
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
State Oil & Gas Lease No.	
Lease Name or Unit Agreement Name E O Carson	
Well No. 21	Pool name or Wildcat

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
Name of Operator Pure Resources, L.P.	
Address of Operator 500 W. Texas, Ste. 200, Midland, TX 79701	
Well Location Unit Letter L : 2051 Feet From The south Line and 589 Feet From The west Line Section 28 Township 21S Range 37E NMPM Lea County	
Elevation (Show whether DF, RKB, RT, GR, etc.) 3476' DF	

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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: TA ☒

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.

TD: 7853'. 13 3/8" 48# set @ 304'; 8 5/8" 32# set @ 2892'; 5 1/2" 17# @ 7852 (TOC 2840'). Perfs 7285-7312. CIBP @ 7138'.

Pulled 2 3/8" tubing, loaded wellbore w/ 2% KCL water. Pressured casing to 500#, charted 30 min. Released pressure. RDMO; well TA'd 5/5/00.

This Approval of Temporary
Abandonment Expires 5/20/2005

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

SIGNATURE

Laura Clepper

TITLE Regulatory Analyst

DATE 05-20-00

TYPE OR PRINT NAME Laura Clepper

TELEPHONE NO. 915 498-8662

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

5/20/05
LAD ✓