Form 3160-5 (June 1990)

## UNITED STATES

FORM APPROVED Budget Bureau No. 1004-0135

| (une 1990)   | DEPARTMEN   | IT OF THE INT             | ERIOR   | Expires: March 31, 1993  |
|--|---|---------------------------|---|--|
|  | BUREAU OF   | LAND MANAGI               | EMENT   | 5. Lease Designation and Serial No. NM-108922  |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |                           |   | 6. If Indian, Allottee or Tribe Name   |
| Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.                |   |                           |   |  |
|  | Use "APPLICATION FO   | R PERMIT—" fo             | r such proposals  |  |
| SUBMIT IN TRIPLICATE   |   |                           |   | 7. If Unit or CA, Agreement Designation  |
| 1. Type of Well  |   |                           | RECEIVED  | -  |
| C Oil CVI Gas  |   |                           |   | 8. Well Name and No.   |
| 2. Name of Operator  |   |                           | JUL 0 7 2005  | Deer Canyon "8" Fed #1   |
| PURVIS OPERATING COMPANY   |   |                           | OGD-AHTEBIA   | 9. API Well No.  |
| 3. Address and Telephone No.   |   |                           |   | 30-015-34100<br>10. Field and Pool, or Exploratory Area  |
| P O BOX 51990, MIDLAND, TX 79710-1990  4 Location of Well (Footage, Sec., T., R., M., or Survey Description) |   |                           |   | Wildcat (Morrow)   |
|  |   |                           |   | 11. County or Parish, State  |
| 1350' FSL & 660' FWL, Section 8, T20S-R21E   |   |                           |   | Eddy, NM   |
|  |   |                           |   | , , , , , , , , , , , , , , , , , , ,  |
| 2. CHE   | CK APPROPRIATE BOX  | s) TO INDICAT             | E NATURE OF NOTICE, REPOR   | RT, OR OTHER DATA  |
| TYPE OF SUBMISSION   |   |                           | TYPE OF ACTION  |  |
| Notice of Intent   |   | <u> </u>                  | Abandonment   | Change of Plans  |
| Subsequent Report    Recompletion   Plugging Back   Casing Repair   Altering Casing                          |   |                           | 7 '   | New Construction   |
|  |   |                           | 7   | Non-Routine Fracturing Water Shut-Off  |
|  |   |                           | Altering Casing   | Conversion to Injection  |
|  | · · · · · · · · · · · · · · · · · · ·   |                           | Other   | Dispose Water  |
|  |   |                           |   | (Note: Report results of multiple completion on Well<br>Completion or Recompletion Report and Log form.) |
|  | d or Completed Operations (Clearly state a<br>ace locations and measured and true verti |                           | ive pertinent dates, including estimated date of starting<br>is and zones pertinent to this work.)* | any proposed work. If well is directionally drilled  |
|  |   |                           | ,   |  |
| 6-14-05  | Spud 12 1/4" hole a   | t 3:30 a.m.,              | 6-14-2005. Have 40' of 1  | 4" conductor pipe.   |
| 6-17-2005  | Drill to total dept<br>143'. POOH w/bit.  | h of 212'.<br>Abandoned h | Hole caved in. Unable to lole 9:30 a.m., June 17, 20  | ream and wash below  |
| 6-18-2005  | •   |                           | يئخ   |  |
| 0-18-2003  | riug note and condu   | ctor pipe w/              | 14 yards of cement.   |  |
|  |   |                           | ACCEPTED FOR RECO   |  |
|  |   |                           | MODEL TED FOR RECO  | RD S S   |
|  |   |                           |   |  |
|  |   |                           | JUL - 6 2005  |  |
|  |   |                           |   | di dina  |
|  |   |                           | ALEXIS C. SWOBODA   |  |
|  |   | ,                         | PETROLEUM ENGINEER  |  |
| 1  |   | Fifth                     |   |  |
| 14. I hereby certify the   | hat the foregoing is true and corrego   | <u> </u>                  |   |  |
| Signed   | marie F Do  |                           | Petroleun Engineer  | Date <u>6-27-2005</u>  |
|  | ederal or State office use)   | 2                         |   | Date 1:=77-71111   |
| Approved by  |   | Tista                     |   | Data   |
| Conditions of any  | proval if any:  | Title                     |   | Date   |