RECEIVED NOV 13 2009

Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources	WELL API NO.
District II	1 30 015 36301
District III NOV 3 0 2000 1220 South St. Francis Dr	5. Indicate Type of Lease
District IV  NOV 10 2009 1220 South St. Francis Dr.  Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
District IV 1220 S St Francis Dr , Santa FE, NIVI 87505	
87505	7. Lease Name or Unit Agreement Name
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.)	SEGREST STATE COM
1. Type of Well: Oil Well Gas Well Other	8. Well Number 1
2. Name of Operator PURVIS OPERATING CO.	9. OGRID Number 131559
3. Address of Operator	10. Pool name or Wildcat
P.O. BOX 51990, MIDLAND, TX 79710-1990	WILDCAT LITTLE BOX CANYON
.4. Well Location  Unit Letter G: 1750 feet from the NORTH line and 1400 feet from the EAST line	
Unit Letter G: 1750 feet from the NORTH line and 1400 feet from the EAST line  Section 2 Township 21S Range 21E NMPM EDDY County NM	
11. Elevation (Show whether DR, RKB, RT, GR	
4549GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING	
TEMPORARILY'ABANDON	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEI	MENT JOB
OTHER: OTHER:	. $\square$
13. 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: Attach wellbore diagram of proposed completion	
or recompletion.	
10/23/09 - DRILLED 2' - TD = 50'.	
-0, 10, 05	
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my know	vledge and belief.
SIGNATURE TITLE LAND MANAGE	ER DATE 10/28/09
Type or print name D. BRIGGS DONALDSONE-mail address: land@purvisop.com PHONE: 432-682-7346	
For State Use Only	- <u>L</u> IIIOND,
APPROVED BY: ( ) ( ) TITLE ( 700 CONTAINS	DATE 11171/2008
Conditions of Approval (if any):	11111

| MUDICE # 51

## WELL SERVICE REPORT

WELL STATE # 6 DATE 10 23 Tubing In Tubing Out Rods Out \_ Rods In \_ Subs In Pump In Pump Out -DESCRIPTION OF WORK Signed Dennis Tidwell ☐ Check If Additional On Back