Submit 3 Copies To Appropriate District	State of New Mexico	FEB - 2 2009 Form C-103
Office		1 01m & 105
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II	OII CONCEDIATION DIVIGIONI	30-015-36344
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>Dıstrict III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE S FEE
<u>District IV</u>	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		VA-2923
	ES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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.)		BUZZARD CANYON STATE
1. Type of Well: Oil Well Gas Well X Other		8. Well Number 1
2. Name of Operator		9. OGRID Number
PURVIS OPERATING CO.		131559
3. Address of Operator		10. Pool name or Wildcat
P.O. BOX 51990, MIDLAND, TX 79710-1990		WILDCAT
4. Well Location		
Unit Letter E: 1450 feet from the SOUTH line and 1000 feet from the WEST line		
Section 16 Township 20S Range 21E NMPM EDDY County		
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
GR 4560		
		10001
	r <u>300</u> Distance from nearest fresh water well 1000 Di	
Pit Liner Thickness: 12 mil	Below-Grade Tank: Volume 4800 bbls; C	Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	PLUG AND ABANDON REMEDIAL WOR	
	l l	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL   CASING/CEMEN	NI JOB
OTHER:	□ OTHER:	П
	ed operations. (Clearly state all pertinent details, as	nd 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.		
1/16/00 PDTTIDD 21 MD 261		
1/16/09 - DRILLED 2' - TD = 26'.		
T1 1		and the line of the state of th
I hereby certify that the information about and tank has been will be constructed or clo	ove is true and complete to the best of my knowled; sed according to NMOCD guidelines □, a general permit □	ge and belief. I further certify that any pit or below-
grave tank has been win be constitueted of cio		
SIGNATURE	TITLE LAND MANAGE	RDATE_1/26/09
D. BRIGGS DONA	ALDSON	
Type or print name	E-mail address:land@pu	rvisop.com Telephone No. 432-682-734
For State Use Only		•4
A DDD OVED DV	Accepted for reco	IU DATE
APPROVED BY:	TITLE NMOCD	DATE
Conditions of Approval (if any):		