Submit 3 Copies 10 Appropriate District Office	State of New Mexico			Form C-103
District I	rgy, Minerals and Natural Resources		WELL API NO.	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave. Artesia, NM 88210 OIL CONSERVATION DIVISION			30-025-38036 (/	
1301 W. Grand 1110 , 711 testa, 1111 60210	701 W. Grand 110 , 1110 00210		5. Indicate Type of Le	ease
District III 1000 Rio Brazos Rd , Aztec, NM 87416 3 2011 District IV	1220 South St. Francis Dr.		STATE 🖂	FEE
			6. State Oil & Gas Lea	ase No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			V-6717	
SUNDRY 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			7. Lease Name or Unit Agreement Name Badger State Com	
PROPOSALS) 1. Type of Well: Oil Well Gas Well Other			8. Well Number - 1	
2. Name of Operator			9. OGRID Number - 131559	
Purvis Operating Co.				
3. Address of Operator			10. Pool name or Wildcat – Wildcat,	
P.O. Box 51990, Midland, TX 79710-1990			Morrow/Mississippian	
4. Well Location				
	feet from theSouth			Eastline
Section 6			NMPM Lea County	
	Elevation (Show whether DR, 7' GR	KKB, K1, GK, etc	:.)	
	/ GR			
12. Check Appro	priate Box to Indicate N	ature of Notice	Report or Other Dat	а
	•			
			SSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOF TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				ERING CASING
TEMPORARILY ABANDON				ND A
DOWNHOLE COMMINGLE	LTIFLE COIVIFE []	CASING/CEME	11 JOB	
,				
OTHER:		OTHER: Drillin		
13. Describe proposed or completed				
of starting any proposed work). Some or recompletion.	SEE ROLE 1103. For Multip	ie Completions: A	mach wellbore diagram o	f proposed completion
or recompletion.				
10/14/2011 - VARON CASING. LOAD CAS CASING TO 500 PSI REPEATED TEST WIT	ING WITH LESS THAT	AN 1 BBLTOF EASED TO 29	NGE ON 9 & 5/8" F FLUID. PRESS 00 PSI IN 30 MI	URED
Spud Date:	Rig Release Da			
I hereby certify that the information above	is true and complete to the be	est of my knowled	ge and belief.	
	_ ,			
SIGNATURE D. Swyn	TITLE_Land	Manager	DATE	
Type or print nameD. Briggs Donald	lson E-mail address:	_land@purvisop.c	om PHONE:432	-682-7346
For State Use Only	/			11-3-2011
APPROVED BY	TITLE &	AFT M		11 3-LOI/
Conditions of Approval (if any)	IIILE O	116	DATE	1010000
conditions of ripprovar (if any)				NOV 0 3 2011
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