Submit 3 Copies To Appropriate District	State of New Me			Form C-103 May 27, 2004
Office <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO. 30-025-38037	
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONCEDIVATION DIVISION		5. Indicate Type of Lease  STATE X FEE  6. State Oil & Gas Lease No.	
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505			V-6559 & VB-0563-1	
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			7. Lease Name or Unit Agreement Name  Coyote St. Com #1  8. Well Number	
PROPOSALS.)  1. Type of Well: Oil Well	ype of Well: Oil Well 🔼 Gas Well 🗌 Other			
2. Name of Operator Purvis Operating	Co.		9. OGRID Number 131559 10. Pool name or Wildcat	
3. Address of Operator P O Box 51990	Midland, TX 79710-19	990	WILDCAT/MOR'	TON MISS.
4. Well Location Unit Letter	: 990 feet from the NORTH		_316feet from theWI	
Section 8	11. Elevation (Show whether Di 4029 'GR	R, RKB, RT, GR, etc.		
Pit or Below-grade Tank Application  Pit type Depth to Ground	Law Classica C		Stance from nearest surface water	iles & miles
Pit Liner Thickness: 12 milesn			Construction Material	
12. Check	Appropriate Box to Indicate			· · · · · · · · · · · · · · · · · · ·
PERFORM REMEDIAL WORK [ TEMPORARILY ABANDON [	INTENTION TO:  PLUG AND ABANDON  CHANGE PLANS  MULTIPLE COMPL	REMEDIAL WOF	RILLING OPNS. P AND	NG CASING
OTHER:		() HFR: ""-"-	ILLING	in a patiment of date
13. Describe proposed or conformal of starting any proposed or recompletion.  3/12/07 - DE	mpleted operations. (Clearly state al work). SEE RULE 1103. For Mult	iple Completions: A	and give pertinent dates, includent tach wellbore diagram of prosperiors.	posed completion
505-393-07				
			Receive Hobbs	636
			Receive Hobbs	
I hereby certify that the informati	ion above is true and complete to the dor closed according to NMOCD guideline	e best of my knowled es , a general permit [	lge and belief. I further certify.  Jor an (attached) alternative OCI	har any pit or below- approved plan .
SIGNATURE SSS	TITLE	LAND MANA		- 1 111/117
Type or print name D. BRIG	GS DONALDSON E-mail	address:land@pi	urvisop.com <sup>Telephone</sup>	No.432-682-7346
For State Use Only	1) Winds THE	DIEPRESENTATIV	E II/STAFF MAMAGA DATE	ADD a a
Conditions of Approval (if any)	THE THE			APR 0 2 2007