Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
<u>District I</u> Energy, Minerals and Natural R 1625 N. French Dr., Hobbs. NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIV	ISION 30-025-38035 5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis I	Or. STATE STATE FEE
District IV Santa Fe, NM 8/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	V-6522 & VB-0563-1
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BA DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUG	
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other	8. Well Number 7
2. Name of Operator	9. OGRID Number
PURVIS OPERATING CO.	131559
3. Address of Operator	10. Pool name or Wildcat WILDCAT MORROW
P.O. BOX 51990, MIDLAND, TX 79710-1990 WILDCAT MORROW 4. Well Location	
Unit Letter <u>L</u> : 1980 feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line	
Section 8 Township 15S Range	
11. Elevation (Show whether DR, RKE 4032'	, RT, GR, etc.)
Pit or Below-grade Tank Application or Closure	
Pit typeDepth to GroundwaterDistance from nearest fresh water v	ell Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: Volume	bbls; Construction Material
12. Check Appropriate Box to Indicate Nature	e of Notice, Report or Other Data
NOTICE OF INTENTION TO	CURSEOLIENT REPORT OF
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ RE	SUBSEQUENT REPORT OF: MEDIAL WORK
	MMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CA	SING/CEMENT JOB
OTHER:	HER: DRILLING
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.	
4/1/07 - DRILLED 2' - TD = 21'. NOTIFIED SYLVIA DICKEY VIA FAX -	
505-393-0720.	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further that my pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD approved plan .	
SIGNATURE TITLE LAN	D MANAGER DATE 4/3/07
	viop.com 432-682-7346
Type or print name E-mail address	: Telephone No.
For State Use Only ADD THELD REPRESENTATIVE II/STAFF MANAGE. ADD THELD REPRESENTATIVE II/STAFF MANAGE.	
APPROVED BY: Hay W. WIND TITLE DATAPR 2 2 2007	
Conditions of Approval (if any)	22
V	