

District I
1625 N French Dr , Hobbs, NM 88240
District II
1301 W Grand Ave , Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr , Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-38037
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. V-6559 & VB-0563-1
7. Lease Name or Unit Agreement Name Coyote St. Com #1
8. Well Number
9. OGRID Number 131559
10. Pool name or Wildcat WILDCAT/MORTON MISS.

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.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator

Purvis Operating Co.

3. Address of Operator

P O Box 51990 Midland, TX 79710-1990

4. Well Location

Unit Letter D : 990 feet from the NORTH line and 1316 feet from the WEST line
Section 8 Township 15S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4029' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater 60' Distance from nearest fresh water well 4 miles Distance from nearest surface water _____ miles & miles
Pit Liner Thickness: 12 miles mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: 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.

9/8/07 - DRILLED 2' - TD = 27' - FAX SYLVIA DICKEY - 505-393-0720



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any 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 [Signature] TITLE LAND MANAGER DATE 9/10/07

Type or print name D. BRIGGS DONALDSON
For State Use Only

E-mail address: land@purvisop.com Telephone No. 432-682-7346

APPROVED BY: [Signature]
Conditions of Approval (if any):

TITLE FIELD REPRESENTATIVE I/STAFF MANAGER

SEP 20 2007