Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103 May 27, 2004	
District 1 1625 N French Dr., Hobbs, NM 88240	Energy, Minerals and Nati	iral Resources	WELL API NO. 30-025-3803	
District II 1301 W Grand Ave., Artesia, NM 88210	OIL CONSERVATION	N DIVISION	5. Indicate Type of	
<u>District III</u> 1000 Rio Brazos Rd Aztec. NM 87410	1220 South St. Fra	Į.	STATE 2	
Santa Fe, NM 87505 Santa Fe, NM 87505 Santa Fe, NM 87505		6. State Oil & Gas	VB-0563-1	
87505 SUNDRY NOT	CES AND REPORTS ON WELLS	S		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.)			ARMADILLO) STATE
1. Type of Well: Oil Well 🔀 Gas Well 🗌 Other			8. Well Number	1
2. Name of Operator PURVIS OPERATING CO.			9. OGRID Numbe	r 131559 ⁄
3. Address of Operator			10. Pool name or V	
M P.O. BOX 51990, MIDLAND, TX 79710-1990			WILDCAT N	MORROW
4. Well Location Unit Letter L: 1980 feet from the SOUTH line and 660 feet from the WEST line				
Unit Letter L :	1980 feet from the SO Township 15S R		660 feet from	
Section 8	11. Elevation (Show whether DI 4032 *			County NM
Pit or Below-grade Tank Application County	or Closure	water well A MIT Diet	ance from nearest surfa	ce water miles & miles
Pit type Depth to Groundw Pit Liner Thickness: 12 mil			nstruction Material	ce water Will I es
				Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF IN PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING	ITENTION TO: PLUG AND ABANDON CHANGE PLANS MULTIPLE COMPL	REMEDIAL WORI COMMENCE DRI CASING/CEMENT	LLING OPNS.	PORT OF: ALTERING CASING PAND A
OTHER.	_	OTHER: DRI	LLING	1721
OTHER: 13. Describe proposed or comp	oleted operations. (Clearly state all	pertinent details, and	d give pertinent date	s, including estimated date
of starting any proposed wo	ork). SEE RULE 1103. For Multi	ple Completions: At	tach wellbore diagra	m of proposed completion
2/15/08 - DRILLE	D 2' - TD = 52'		ECEN	
			FEB 22 200	18
			0500	nco
			IOBBS	O Comment
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 on an (attached) alternative OCD-approved plan.				
SIGNATURE SIGNATURE	TITLE_	LAND MANAGE	IR .	DATE 2/15/08
Type or print name	E-mail	address:	Те	lephone No.
For State Use Only	LAND	@PURVISOP.C	COM 4	32-682-7346
APPROVED BY: Conditions of Approval (if any):	William C DET	ICT SUPERVISORA	GENERAL MANAG	GDATE MAR 0 6 2008