Submit 3 Copies To Appropriate District  State of	f New Mexico	Form C-103	
Office District I  1625 N French Dr. Hobbs NM 88240  Energy, Mineral	s and Natural Resources	WELL API NO. 30-025-38035	
1501 W Grand 1110 Milesia: 1111 00210	VATION DIVISION	5 Indicate Type of Lease	
1000 Pio Progos Pd. Agtor NIM 97410	th St. Francis Dr.	STATE XX FEE	
District IV 1220 S St. Francis Di. Santa Fe, NM	Fe, NM 87505	6 State Oil & Gas Lease No. V-6522 & VB-0563-1	
87505	ON WITH C	7. Lease Name or Unit Agreement Name	-
SUNDRY NOTICES AND REPORTS ( (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DE DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FO	EPEN OR PLUG BACK TO A	ARMADILLO STATE	
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	_
•	79710-1990	WILDCAT MORROW	
4. Well Location		. /	
Unit Letter L: 1980 feet from th		660 feet from the WEST line	
	15S Range 35E whether DR, RKB, RT, GR, etc.	NMPM LEA County NM	
4	032 *		
Pit or Below-grade Tank Application ☐ or Closure ☐			
12		stance from nearest surface water_miles & 1	miles
Pit Liner Inickness: mill Below-Grade Tank:			
12. Check Appropriate Box to		_	
NOTICE OF INTENTION TO:		BSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDO TEMPORARILY ABANDON ☐ CHANGE PLANS	<del>_</del> ,	RK ☐ ALTERING CASING ☐ RILLING OPNS.☐ P AND A ☐	
PULL OR ALTER CASING   MULTIPLE COMPL	CASING/CEMEN		
	OTHER. DR	ILLING 🔯	
OTHER:  13. Describe proposed or completed operations. (Clea			
of starting any proposed work). SEE RULE 1103.	For Multiple Completions: A	ttach wellbore diagram of proposed completion.	on
or recompletion.		aprob.	
		RECENIER	
8/13/08 - DRILLED 2' - 7	D = 70'	A POP MED	
0/13/00 - DMIDDED 2 - 1	.D = 70	11:0 H O	
		AUG 29 anna	
	`	HADDOGAOO	
		'VODO ULL	
		•	
	•		
		_	
Though, and for that the or formation is	1-4-4-4h-1-411111	as and halvef to the state of t	<del></del>
I hereby certify that the information above is true and comp grade tank has been/will be constructed or closed according to NMOO	Dete to the best of my knowled Depute to the best of my knowled Depute to the best of my knowled	ge and Dellet. I further certify that any pit or belov Kor an (attached) alternative OCD-approved plan	·
SIGNATURE	TITLE LAND MANAG	ER DATE 8/15/08	
D: BRIGGS DONALDSON			
Type or print name For State Use Only	E-mail address:	Telephone No.	
APPROVED BY: This William	LAND@PURVISOP.		5 2000
APPROVED BY: Mus Williams Conditions of Approval (if any):	TOCEDIFIECT SUPERVI	ANTORICE WAS WELL IN O O	2 5 2008