Submit 3 Copies 10 Appropriate District Office State of New Mexico	Form C-103
District I : gy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 8 NAY 12 2011 CONSERVATION DIVISION	30-025-38035
District III 1220 South St. Francis Dr	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	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	7. Lease Name or 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 Com
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 – Wildcat,
P.O. Box 51990, Midland, TX 79710-1990	Morrow/Mississippian
4. Well Location	
Unit Letter L: 1980 feet from the South line and 66	o feet from the West line
Section 8 Township 15S Range 35E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
4032' GR	
12 Check Appropriate Pay to Indicate Nature of Natice	Papart or Other Data
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
DOWNHOLE COMMINGLE	10D D
DOWN TOLL COMMINGEL	
OTHER: OTHER: Drilling	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
or recompletion.	
$\overline{\mathfrak{w}}$	
4/22/2011 - DRILLED 2' - TD = 8' @ 20".	
4/22/2011 DRIBBD 2 - 1D - 0 6 20 .	
	W
Spud Date: Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge	and halief
Thereby certify that the information above is true and complete to the best of my knowledge	and benef.
SIGNATURE TITLE Land Manager	DATE 4/29/2011
DATE /	
Type or print nameD. Briggs Donaldson E-mail address:land@purvisop.com PHONE: 432-682-7346	
For State Use Only	
APPROVED BY: DATE 5-12-2011	
Conditions of Approval (if any):	

DRILLING CONTRACTORS P.O. BOX 637

ABBOTT BROTHERS

RAT HOLE SERVICE P.O. BOX 305 PHONES - (575) 393-8228 or (800) 781-8228

YARD: 1923 WEST BENDER

phorport 82

TOTAL

8215

FIELD WORK TICKET

COMPANY Purin Operating LEASE armadile State WELL # /

ADDRESS

TCP-89608 EQUIPMENT USED ACTIVITY HOURS RATE OF PAY SUBTOTAL

RIG NO. Road rig to location - dule 3 32500 975
from 6'-8' W] 20" -

Gema Pusher

ACCEPTED _____COMPANY REPRESENTATIVE

TCP - #960t