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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
0 0 260

7. Unit Agreement Name

8. Farm or Lease Name
T P "A" state

9. Well No.
2

10. Field and Pool, or Wildcat
Regley

12. County
Lea

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. OIL WELL GAS WELL OTHER

2. Name of Operator
Purvis International Services Corporation

3. Address of Operator
211 Main St., Suite 308, El Paso, Texas

4. Location of Well
UNIT LETTER E FEET FROM THE east LINE AND 810 FEET FROM THE uth LINE, SECTION 1 TOWNSHIP 11 N RANGE 33 W N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
455'

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

17. 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.

Drilled 11" hole to 3740'. at 1:30 on 2-1-67.
Ran float shoe, floor collar, centralizer mid. first ft. and on end. collar. Ran 41 lbs.
32# n4. and 77 lbs. 2 1/2" 55 3/8" casing, 3736'. Set 3740'. cemented with 200 sacks reg.
and 100 sacks reg. with 2% calcium chloride. Top and bottom plugs. Plug down 12:30 AM
2-2-67. Ran 12 hrs. test pipe 1000' at 1:00 to 1:30 on 2-2-67. Drilling ahead 7 7/8" hole.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Derry Gault TITLE District Superintendent DATE 2-3-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: