Submit 3 Copies To Appropriate District Office
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

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

JUN 15 2009

Form C-103
May 27, 2004

KM

WELL API NO.	30015 26378
5. Indicate Type of Lease	STATE [X] FEE [ ]
6. State Oil & Gas Lease No.	5742
7. Lease Name or Unit Agreement Name	State T
8. Well Number	2
9. OGRID Number	009759
10. Pool name or Wildcat	Re GB SA Turkey Tr

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 [X] Gas Well [ ] Other
2. Name of Operator: H. Dwane Pacrish Jr
3. Address of Operator: 1306 S. 9th Artesia NM 88210
4. Well Location
   Unit Letter E : 1650 feet from the North line and 330 feet from the West line
   Section 12 Township 19S Range 29E NMPM County

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

Pit or Below-grade Tank Application [ ] or Closure [ ]

Pit type ____ Depth to Groundwater ____ Distance from nearest fresh water well ____ Distance from nearest surface water ____

Pit Liner Thickness: ____ 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:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[X]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	P AND A	[ ]
PULL OR ALTER CASING	[ ]	MULTIPLE COMPL	[ ]	CASING/CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:			[ ]

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.

Pulled well replace pump

Re Set tank

Well pumping

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 Owner DATE 6-15-09

Type or print name ____ E-mail address: ____ Telephone No. ____

For State Use Only

APPROVED BY: [signature] TITLE Geologist DATE 6/16/09

Conditions of Approval (if any):