Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

Form C-103
Revised 1-1-89

OP

MAR 2003
RECEIVED
OCD - ARTESIA

WELL API NO.
30-015-03582

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
B-9739

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.)

7. Lease Name or Unit Agreement Name
State "S"

1. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER

2. Name of Operator
Jim Pierce

8. Well No.
2

3. Address of Operator
200 W. 1st Street Ste. #859, Roswell, NM 88203

9. Pool name or Wildcat
E. Turkey Track Queen

4. Well Location
Unit Letter A : 330 Feet From The North Line and 330 Feet From The East Line

Section 12 Township 19S Range 29E NMPM Eddy County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3390 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[X]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			OTHER:	[ ]		

12. 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.

Notify OCD 24 hrs. prior to any work done

1. Remove tankage and idle equipment.
Level location for pulling unit.
Set anchors.
Pull tubing and rods, run bit and scraper, clean out to TD. Set packer above perfs.
Test production casing.

2. If MIT is positive:
   A. Run packer, acidize perfs, run production tubing and pump. Set unit and test tank.
   B. MIT negative, plug and abandon per Commission regulations and directive.

A plugging Procedure must be approved prior to plugging

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

SIGNATURE J Pierce TITLE OWNER DATE 03.08.03

TYPE OR PRINT NAME Jim Pierce TELEPHONE NO. 505.622.7246

(This space for State Use)

APPROVED BY [signature] TITLE Field Rep II DATE MAR 11 2003

CONDITIONS OF APPROVAL, IF ANY: