

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

Form C-103
 Revised March 25, 1999

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-015-03539 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No. B-7717 7. Lease Name or Unit Agreement Name: Leonard State
2. Name of Operator Jim Pierce 3. Address of Operator 200 W. 1st Street Suite #859 Roswell, NM 88203 4. Well Location Unit Letter B : 330 feet from the North line and 1650 feet from the East line Section 12 Township 19S Range 29E NMPM Eddy County NM	8. Well No. 4 9. Pool name or Wildcat East Turkey Track	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3402 DF		

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
 CASING TEST AND CEMENT JOB ☐
 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Set cast iron bridge plug 100 feet above perfs *Set Plug between 2120-2150'*
 2. Perform MIT *As per Rule 203 Give OCO Notice prior to test*
 3. T & A if MIT establishes Int. Falls Integrity, plug upon commission approval.
 4. Set well sign

Notify OCD **24 hours**
 prior to test. 748-1283

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

SIGNATURE *[Signature]* TITLE Owner/Sole Proprietor DATE 04/24/03

Type or print name *[Signature]* Telephone No. *[Signature]*

APPROVED BY _____ TITLE _____ DATE **APR 28 2003**

Conditions of approval, if any: