

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88203
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

Form C-103
Revised March 25, 1999

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

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
8. Well No. 4
9. Pool name or Wildcat East Turkey Track

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"/>	2. Name of Operator Jim Pierce
3. Address of Operator 200 W. First St. #859 Roswell, NM 88203	4. Well Location Unit Letter I : 1650 feet from the south line and 330 feet from the east line Section 1 Township 19S Range 29E NMPM Eddy County NM
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3407.6 GL	

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.

Dry Hole Marker Installed.
Anchors cut and removed.
Pit closed in adn location cleaned
Ready for final inspection

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

SIGNATURE Jim Pierce TITLE _____ DATE 10/4/03

Type or print name Jim Pierce Telephone No. 622-7246

(This space for State use)

APPROVED BY [Signature] TITLE Field Rep DATE _____

Conditions of approval, if any:

APPROVED OCT 16 2003