

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

**OIL CONSERVATION DIVISION**

**DISTRICT I**  
P.O. Box 1980, Hobbs NM 88241-1980

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

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

2040 Pacheco St.  
Santa Fe, NM 87505

WELL API NO.  
30-025-03293

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
E-5887

**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  
EAST PEARL QUEEN UNIT

1. Type of Well:  
OIL WELL  GAS WELL  OTHER INJECTION

2. Name of Operator  
XERIC OIL & GAS CORP.

8. Well No.  
53

3. Address of Operator  
P. O. Box 352, Midland, TX 79702

9. Pool name or Wildcat  
PEARL QUEEN

4. Well Location  
Unit Letter N : 2310 Feet From The WEST Line and 990 Feet From The SOUTH Line  
Section 34 Township 19 S Range 35 E NMPM LEA County

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

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   
OTHER: \_\_\_\_\_

**SUBSEQUENT REPORT OF:**

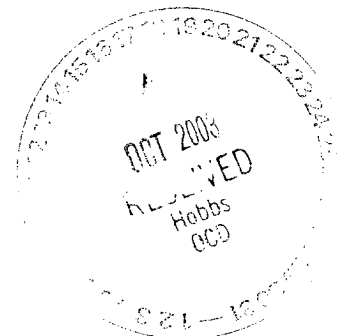
REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  PLUG AND ABANDONMENT   
CASING TEST AND CEMENT JOB   
OTHER: \_\_\_\_\_

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.

10-6-03  
TAG PLUG @ 4633'  
PERF @ 1700' SQUEEZE 50 SKS W.O.C. & TAG @ 1520'  
10-7-03  
PERF @ 150' CIRC 75 SKS TO SURFACE.

INSTALL P & A MARKER  
CIRC MUD

**Approved as to plugging of the Well Bore.  
Liability under bond is retained until  
surface restoration is completed.**



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

SIGNATURE: [Signature] TITLE CEMENTER DATE 10-3-03

TYPE OR PRINT NAME JEFF KESTER TELEPHONE NO. 432-547-2926

(This space for State Use)

APPROVED BY: [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OC DISTRICT SUPERVISOR/GENERAL MANAGER

OCT 20 2003