

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-10
Revised March 25, 199

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-21216

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

Mesa Queen Unit

8. Well No.

#24

9. Pool name or Wildcat

Mesa Queen Associated

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 ☐ Gas Well ☐ Other Water Injection Well

2. Name of Operator

Xeric Oil & Gas Corporation

3. Address of Operator

PO Box 352 Midland, Texas 79702

4. Well Location

Unit Letter E : 1650 feet from the North line and 660 feet from the West line

Section 20

Township 16S Range 32E NMPM

County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4353' GR

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. MIRU PU
2. POOH w/2 3/8" tubing
3. RIH and retrieve BP @ 3382'
4. RIH w/packer and 2 3/8" IPC tubing set packer @ 3375'
5. Load backside w/packer fluid
6. Contact NMOCD to witness pressure test (give 24 hr advance notice)
7. Pressure test per NMOCD regulations
8. Nipple up well, RDMO PU
9. Return to water injection

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

SIGNATURE Glenda Hunt TITLE Senior Production Analyst DATE 6/13/01

Type or print name Glenda Hunt

915-683-3650
Telephone No.

(This space for State use)

APPROVED BY _____ TITLE _____ DATE _____

Conditions of approval, if any: