Submit 3 Copies To Appropriate District Office State of New Mexico	n -
District I Energy, Minerals and Natural Resour	Form C-103
1023 M. French Dr., Hobbs, NM 87240	WELL API NO.
District II 811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISIO	ON 30-025-03286
District III	5. Indicate Type of Lease
District IV Santa Fe. NM 87505	STATE X FEE
2040 South Pacheco, Santa Fe, NM \$7505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	E-5841
I (DO NOT USE THIS FORM FOR PROPOSALS TO DOLL OP TO DEEDEN OR DESIGN OF THE PARTY	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	1
1. Type of Well:	West Pearl Queen Unit
Oil Well Gas Well Other Injection	que no la conte
2. Name of Operator Xeric Oil & Gas Corporation	8. Well No.
	143
1 00 Don 352	9. Pool name or Wildcat
4. Well Location Midland, TX 79702	Pearl Queen
Unit Letter A: 660 feet from the North line:	and 660 feet from the East line
Section 33 Township 19S Range 35E	
Section 33 Township 19S Range 35E 10. Elevation (Show whether DR, RKB, RT,	NMPM Lea County NM
3697' CI	
11. Check Appropriate Box to Indicate Nature of N	otice. Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIA	LWORK ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMEN	·
Commen	CE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE CASING 1	ABANDONMENT LJ
COMPLETION CEMENT	JOB
OTHER: OTHER:	TA Status
12. Describe proposed or completed operations. (Clearly state all pertinent detail	a and aire nestinged data : 1 12
TO MUITING COMPLETIONS	: Attach wellbore diagram of proposed completion
or recompilation.	or proposed completion
- 2/0 4/0 2	
7/24/02 A Mechanical Integrity Test was perform	ned on this well as per NMOCD
Rules and Regulations. The casing was pressured to 500 PSI over a 30 minute period.	
The test was deemed successful. The chart is attached. Request TA status.	
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This Approval of Tempor Abandorment Exprires I hereby certify that the information above is true and complete to the best of my k SIGNATURE Crewford Angie Crewford	nowledge and belief. tion Analyst DATE 7/31/02
This Approval of Tempor Abandonment Expires I hereby certify that the information above is true and complete to the best of my k SIGNATURE Angie Crawford Type or print name	Request TA status.
This Approval of Tempor Abandorment Expires I hereby certify that the information above is true and complete to the best of my k SIGNATURE Angie Crawford Type or print name (This space for State use) ORIGINAL SIGNED BY GARY W. WINK	nowledge and belief. tion Analyst DATE 7/31/02 Telephone No.
This Approval of Tempor Abandorment Expires I hereby certify that the information above is true and complete to the best of my k SIGNATURE Angie Crewford Type or print name (This space for State use) ORIGINAL SIGNED BY GARY W. WINK	nowledge and belief. tion Analyst DATE 7/31/02

