Submit 3 Copies to Appropriate District Office

State of New Mexico
Enc Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
30-025-03298

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
E-5840

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 Corporation

8. Well No.
42

3. Address of Operator
PO Box 352, Midland, Texas 79702.

9. Pool name or Wildcat
Pearl Queen

4. Well Location
Unit Letter D : 660 Feet From The North Line and 660 Feet From The West Line

Section 34 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3708'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	[ ]	PLUG AND ABANDON	[ ]	REMEDIAL WORK	[XX]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[ ]		
OTHER:	[ ]			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.

7/7/97 - MIRU workover rig - released Baker AD-1 Packer POOH tbg & packer
Test tbg in the hole to 5000# set packer @ 4601' w/15,000# tension
RAn backside pressure test and began injecting produced water.

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

SIGNATURE Edwin Maddux TITLE Production Manager DATE 8/19/97

TYPE OR PRINT NAME Edwin Maddux TELEPHONE NO. (915) 683-3171

(This space for State Use)

APPROVED BY ORIG. SIGNED BY TIM W. WILLIAMS DISTRICT I SUPERVISOR TITLE DATE SEP 03 1997

SC B/C

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GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK
BR 2221
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