Submit 3 Copies To Appropriate District Office State of New Mexico	
District I Energy, Minerals and Natural Persurance	Form C-103
District II	Revised March 25, 1999 WELL API NO.
811 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION District III	30-025-03237 5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505	STATE FEE XX
2040 South Pacheco, Santa Fe, NM 87505	6. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C.101) FOR SUCH	7. Dease Name of Ollit Agreement Name:
PROPOSALS.) 1. Type of Well:	East Pearl Queen Unit
Oil Well Gas Well Other	
2. Name of Operator Xeric Oil & Gas Corporation	8. Well No.
3. Address of Operator P. O. Box 352	21
Midland TX 70702	9. Pool name or Wildcat Pearl Queen
4. Well Location	Tearr Queen
Unit Letter A : 660 feet from the North line and 660 feet from the East line	
Section 29 Toward: 100 P	
Section 28 Township 19S Range 35E 10. Elevation (Show whether DR, RKB, RT, GR, et	NMPM Lea County
3748' DF	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSECUENT REPORT OF	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	SEQUENT REPORT OF:
TEMPORARILY ABANDON CHANGE PLANS COMMENCE PROPERTY COMMENTY COMMEN	
DIN OR ALTER CACING	ARANDONIAGAIT
PULL OR ALTER CASING MULTIPLE CASING TEST A COMPLETION CEMENT JOB	ND
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 PULE 1103. For Multiple Complete Section 1103.	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
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A MIT was performed on this well 7/10/02. The casing was pressured to 510 PSI over a	
30 minute period. The test was deemed successful. The char	
Status.	
This Ass as a long series	,
This Approval of Temporary Abandonment Expires 2/30/87	
	750/0/
I hereby certify that the information	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Charles autora TITLE Production	Analyst DATE 7/26/02
Angie Grawford C	915-683-3171 Telephone No.
(This space for State use) OR Option 2010	
APPPROVED BY	
Conditions of approval if	F MANAGER DATE
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