

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-31021
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator State of New Mexico formerly Xeric Oil & Gas Corp. <b>HOBBS OCD</b>		6. State Oil & Gas Lease No.
3. Address of Operator 1625 N. French Drive Hobbs, NM 88240 <b>APR 15 2014</b>		7. Lease Name or Unit Agreement Name West Pearl Queen Unit
4. Well Location Unit Letter <u>O</u> : <u>100</u> feet from the <u>South</u> <b>RECEIVED</b> <u>1340</u> feet from the <u>East</u> line Section <u>29</u> Township <u>19S</u> Range <u>35E</u> NMPM Lea County		8. Well Number <u>195</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>25482</u>
		10. Pool name or Wildcat

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

4/7/2014 Move rig and equipment to location Installed BOP

4/8/2014 Moved in work string. RIH with work string and tagged at 4480'.

4/9/2014 Circulated MLF and spotted 25 sx cement at 4480'. POOH to 3510' and spotted 25 sx cement. POOH to 1917' and spotted 25 sx cement. POOH to 488' and circulated cement to surface. Cut off wellhead. One inch 8 5/8" annulus to surface from 30' and filled up inside casing to surface. Used 20 sx cement. Installed dry hole marker and cut off anchors.

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

For State Use Only

APPROVED BY: Makayla Brown TITLE Dist Supervisor DATE 4/15/2014  
Conditions of Approval (if any)

APR 15 2014