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1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

June 19, 2008

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.)		WELL API NO. 3002531023
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 XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E058410000
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter C : 1310 feet from the N line and 2630 feet from the W line Section 33 Township 19S Range 35E NMPM LEA County		8. Well Number 205
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3707 GR		9. OGRID Number 25482
		10. Pool name or Wildcat PEARL QUEEN

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MAINTANANCE/ REPAIR ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. CHANGED OUT PUMP AND TESTED TUBING

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 10/30/90

Rig Release Date: 11/10/90

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 28, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mhaker.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____

Conditions of Approval (if any): _____

BEFORE THE OIL CONSERVATION COMMISSION
Santa Fe, New Mexico

Case No.14106 De Novo Exhibit A E _____

Submitted by:

Xeric Oil & Gas Corp.

Hearing Date: February 24, 2009

Office 4
District I
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State of New Mexico
Geology, Minerals and Natural Resources

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

Form C-103
June 19, 2008

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.)		WELL API NO. 3002532256
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 XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E081820002
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter E : 1980 feet from the N line and 440 feet from the W line Section 28 Township 19S Range 35E NMPM LEA County		8. Well Number 220
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3736.7 GR		9. OGRID Number 25482
		10. Pool name or Wildcat PEARL QUEEN

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 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: MAINTANANCE/ REPAIR <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. CHANGED OUT PUMP

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 10/14/93

Rig Release Date: 11/3/93

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 28, 2008
Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 3002531020
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E015870000
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well Number 190
9. OGRID Number 25482
10. Pool name or Wildcat PEARL QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3737 GR

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 ☐

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location
Unit Letter **I** : **1440** feet from the **S** line and **90** feet from the **E** line
Section **29** Township **19S** Range **35E** NMPM LEA County

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 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: MAINTANANCE/ REPAIR <input checked="" 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. CHANGED OUT PUMP.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 10/02/90

Rig Release Date: 10/11/90

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 28, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

Submit 3 Copies To Appropriate District Office.

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State of New Mexico
Geology, Minerals and Natural Resources

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

Form C-103

June 19, 2008

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.)		WELL API NO. 3002531123
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 XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E074180002
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter I : 2563 feet from the S line and 90 feet from the E line Section 29 Township 19S Range 35E NMPM LEA County		8. Well Number 182
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3737 GR		9. OGRID Number 25482
		10. Pool name or Wildcat PEARL QUEEN

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: MAINTANANCE/ REPAIR ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. CHANGED OUT PUMP AND TESTED TUBING.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 1/26/91

Rig Release Date: 2/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 18, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

Baker

REPORT DATE 10/8/2008	DAYS SINCE RIG-UP
TOUR SHEET NO. 16312	TOTAL DEPTH N/A
RIG CO & NUMBER REECO WELL SERVICE	PBTD N/A
Page 1 of 2	WELLSITE SUPERVISOR Ace Armann

[illegible]

PRESENT OPERATION -	PUMP CHANGE	DAILY COST	CUMULATIVE COST	AFE COSTS

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)			
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE
6:00	14:00	8.00	MOVE IN RIG UP. PRESSURE TEST TBG TO 500 PSI, TESTED OK. UNHUNG WELL, TOOH W/ RODS
		0.00	RODS WERE PARTED AT 100'. COUPLING PARTED ON 4TH ROD, FISHED ROD, CHANGE OUT ROD AND COUPLING, TIH W/ ROD
		0.00	RESEATED PUMP, HANG WELL ON, PUMPED IT UP
		0.00	RDMC
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
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		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
		0.00	
TOTAL HOURS		8.00	

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1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO.
3002503341

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH PEARL QUEEN UNIT

8. Well Number **22**

9. OGRID Number
025482

10. Pool name or Wildcat
PEARL QUEEN

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 ☐

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754, HOUSTON, TX 77079

4. Well Location

Unit Letter **A** : **330** feet from the **F** line and **660** feet from the **E** line
Section **9** Township **20S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3678 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

**PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. HOT OILED WELL AND
PERFORMED A SWAB TEST**

**SWAB RESULTS - TOTAL RECOVERED 55.86 BBLS OF FLUID AS FOLLOWS: 48.57 BBLS WATER AND 7.19 BBLS OF
OIL**

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 3/8/61

Rig Release Date: 3/28/61

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 28 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

Submit 3 Copies To Appropriate District
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87505

State of New Mexico
Geology, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO.
3002531106

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
EAST PEARL QUEEN UNIT

8. Well Number **77**

9. OGRID Number
025482

10. Pool name or Wildcat
PEARL QUEEN

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

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter **I** : **2563** feet from the **S** line and **40** feet from the **E** line
Section **28** Township **19S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3719 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. HOT OILED WELL AND PERFORMED A SWAB TEST

SWAB RESULTS: RECOVERED TOTAL OF 66.1 BBLS WATER AND TRACE OF OIL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 23, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

Baker

REPORT DATE 10/23/2008	DAYS SINCE RIG-UP 4
TOUR SHEET NO.	TOTAL DEPTH 5025'
RIG CO & NUMBER Reeco #116	P8TD 4934'
Page 1 of 6	WELLSITE SUPERVISOR Michael L. Allred

Report v.5b

OPERATION SUMMARY

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY:

FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
7:00	9:00	2.00		RDM()
		0.00		Poustdouts move rod and tubing to yard
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
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		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
TOTAL HOURS		2.00		

Submit 3 Copies To Appropriate District Office

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State of New Mexico
Geology, Minerals and Natural Resources

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

Form C-103

June 19, 2008

WELL API NO.

3002530869

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E081840003

7. Lease Name or Unit Agreement Name

EAST PEARL QUEEN UNIT

8. Well Number 84

9. OGRID Number

025482

10. Pool name or Wildcat

PEARL QUEEN

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 ☐

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter M : 265 feet from the S line and 10 feet from the W line
Section 27 Township 19S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3713 GR

12. 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 COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE/SWAB ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. ALSO PERFORMED A SWAB TEST, REPLACED 3 BAD TUBING JOINTS

SWAB RESULTS: RECOVERED TOTAL OF 139 BBLS FLUID. OF WHICH 135 BBLS WATER AND 4.5 BBLS OIL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 5/28/1990

Rig Release Date: 6/10/1990

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 23, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

Baker

REPORT DATE 10/17/2008	DAYS SINCE RIG-UP
TOUR SHEET NO. 16451	TOTAL DEPTH
RIG CO & NUMBER	PBTD
Page 1 of 4	WELLSITE SUPERVISOR Ace Ammann

Report v.5b

PRODUCTION OBJECTIVE INFORMATION

[illegible]

OPERATION SUMMARY

PRESENT OPERATION -	MIRU, PULL RODS AND TUBING	DAILY COST	CUMULATIVE COST	AFE COSTS
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OPERATION NEXT 24 HOURS - SWAB

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY

FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
10:00	18:00	8.00		CREW AND RIG TRAVEL TO LOCATION. RU AND SETUP. BLEED OFF WELL
		0.00		PULLED POLISHED ROD; PUT 3 GAL OF CORROSION INHIBITOR, MIXED W/ 5 GAL DIESEL DOWN TUBING
		0.00		ROOM LD SUCKER RODS. RODS PARTED
		0.00		
		0.00		NU BOP ON CASING. PRESSURE TEST TUBING, NO TEST. TOOL STAND 42 JTS OF 2-7/8" TUBING, INSPECTED TUBING LOOKED
		0.00		FOR HOLES IN THE TUBING. CLOSED WELL AND SDFN
		0.00		
		0.00		
		0.00		CREW TRAVELED BACK TO TOWN
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
TOTAL HOURS		8.00		

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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO.
3002531121

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E058380005

7. Lease Name or Unit Agreement Name
EAST PEARL QUEEN UNIT

8. Well Number 82

9. OGRID Number
025482

10. Pool name or Wildcat
PEARL QUEEN

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 ☐

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter K : 1500 feet from the S _____ line and 1410 feet from the W _____ line
Section 27 Township 19S Range 35E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3721 GL

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion
or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. REPLACED 2 BAD TUBING
JOINTS, CIRCULATED W/ HOT OIL, REPLACED THE PUMP, RETURNED TO PRODUCTION.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 1/16/1991

Rig Release Date: 1/27/1991

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Oct. 23 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

June 19, 2008

WELL API NO.

3002523313

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E058400008

7. Lease Name or Unit Agreement Name

WEST PEARL QUEEN UNIT

8. Well Number **167**

9. OGRID Number

025482

10. Pool name or Wildcat

PEARL QUEEN

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

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter **O** : **1215** feet from the **S** line and **1325** feet from the **E** line
Section **29** Township **19S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3753 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. SWAB TESTED WELL.

RESULTS OF SWAB TEST: 8 BBLS OIL, 87 BBLS WATER

INITIAL FLUID LEVEL: 400'

FINAL FLUID LEVEL: 4460'

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

COPY

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 7, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

P. 2 of 4

RUN - PULL REPORT				
PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
\$ 8.00	1	1-1/4" POLISHED ROD		
		4'X7/8" ROD SUB		
37.2	62	1" FG RODS		
25	81	7/8" STEEL RODS		
10	1	1" RODS ON BOTTOM		
		1-3/4" X 4' PLUNGER AND STANDING VALVE		
31.5	149	2-7/8" , J-55, 6.5# TUBING		
		2X2-3/8" TUBING SUB		
16	1	1-3/4"X16' PUMP BARREL		
	1	2-3/8" X 4' PERFORATED SUB		
		2-3/8" MUD ANCHOR		
		0		
		0		
		0		
		0		

COMPLETION RIG REPORT

10/25/2008

P. 4 of 4

RUN - PULL REPORT

PULLED FROM WELL			DESCRIPTION	RUN IN WELL	
LENGTH	QTY			LENGTH	QTY
\$ 8.00	1		1-1/4" POLISHED ROD		
			4'X7/8" ROD SUB		
37.2	62		1" FG RODS		
25	81		7/8" STEEL RODS		
10	1		1" RODS ON BOTTOM		
			1-3/4" X 4' PLUNGER AND STANDING VALVE		
31.5	149		2-7/8" , J-55, 6.5# TUBING	\$ 31.50	\$ 80.00
			2X2-3/8" TUBING SUB		
16	1		1-3/4"X16' PUMP BARREL		
	1		2-3/8" X 4' PERFORATED SUB		
			2-3/8" MUD ANCHOR		
			0		
			0		
			0		
			0		

Submit 3 Copies To Appropriate District Office -

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
June 19, 2008

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.)		WELL API NO. 3002525365
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 XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E081830004
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter <u>N</u> : <u>1305</u> feet from the <u>S</u> line and <u>2565</u> feet from the <u>W</u> line Section <u>28</u> Township <u>19S</u> Range <u>35E</u> NMPM <u>LEA</u> County		8. Well Number <u>169</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3707 GR		9. OGRID Number 025482
		10. Pool name or Wildcat PEARL QUEEN

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. SWAB TESTED WELL.

RESULTS OF SWAB TEST: 0 BBLS OIL, 58 BBLS WATER

INITIAL FLUID LEVEL: 200'

FINAL FLUID LEVEL: 2200'

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

COPY

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 7, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

COMPLETION RIG REPORT

10/27/2008

P. 2 of 6

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
\$ 12.00	1	1-1/4" POLISHED ROD		
		4'X7/8" ROD SUB		
39		3/4"X 25' RODS		
88		7/8" STEEL RODS		
		1" RODS ON BOTTOM		
		1-3/4" X 4' PLUNGER AND STANDING VALVE		
79		2-7/8" , J-55, 6.5# TUBING	\$ 31.50	\$ 76.00
		2X2-3/8" TUBING SUB		
		1-3/4"X16' PUMP BARREL		
		2-3/8" X 4' PERFORATED SUB		
		2-3/8" MUD ANCHOR		
		2 7/8" seating nipple	\$ 1.25	\$ 1.00

COMPLETION RIG REPORT

10/28/2008

P. 4 of 6

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
\$ 12.00	1	1-1/4" POLISHED ROD		
		4'X7/8" ROD SUB		
39		3/4"X 25' RODS		
88		7/8" STEEL RODS		
		1" RODS ON BOTTOM		
		1-3/4" X 4' PLUNGER AND STANDING VALVE		
79		2-7/8" , J-55, 6.5# TUBING	\$ 31.50	\$ 76.00
		2X2-3/8" TUBING SUB		
		1-3/4"X16' PUMP BARREL		
		2-3/8" X 4' PERFORATED SUB		
		2-3/8" MUD ANCHOR		
		2 7/8" seating nipple	\$ 1.25	\$ 1.00

OPERATOR Xeric Oil and Gas Corp	
WELL NAME West Pearl Queen #169	
LEGAL LOCATION sec.28; T19S; R35E	API NUMBER 30-025-25365
County, State Lea, New Mexico	AFE NUMBER WPQ-169



Daily Completion Report

REPORT DATE 10/29/2008	DAYS SINCE RIG-UP 3
TOUR SHEET NO.	TOTAL DEPTH 5000'
RIG CO & NUMBER Pate	PBTD 5000"
Page 5 of 6	WELLSITE SUPERVISOR Michael L. Allred

Report v.5b PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-rn Top	U-rn Btm	U-rn Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced
Queen								4721	4727				
								4846	4850				
								4910	4913				
								4922	4926				

OPERATION SUMMARY													
PRESENT OPERATION - Roll corrosion inhibitor and biocide into casing									DAILY COST	CUMULATIVE COST	AFE COSTS		
									\$		\$		

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY				
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
7:00	9:00	2.00		Reeco rig broke down in location access, kill truck tries to pull out, gets stuck in sft spot, wait for winch truck
9:00	10:00	1.00		Pull rig back onto location, repair road, MI Pate Trucking Kill truck
10:00	11:00	1.00		RU Pate kill truck to casing, tubing to frac tank, roll in 50bbl inhibitor and biocide @ 3 bbl / min; circulate 1 bbl to tank;
11:00	12:00	1.00		SI tubing, bullhead fluid into casing, pressure to 600PSI , unable to establish injection rate, open tbg and circulate 5 (total 55bbl)/bbl.
12:00	12:30	0.50		RDMO Pate Trucking
		0.00		
		0.00		
		0.00		Note! Junk left in well, Top of parted tubing 2409"
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COMPLETION RIG REPORT

10/29/2008

P. 6 of 6

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
\$ 12.00	1	1-1/4" POLISHED ROD		
		4'X7/8" ROD SUB		
39		3/4"X 25' RODS		
88		7/8" STEEL RODS		
		1" RODS ON BOTTOM		
		1-3/4" X 4' PLUNGER AND STANDING VALVE		
79		2-7/8" , J-55, 6.5# TUBING	\$ 31.50	\$ 76.00
		2X2-3/8" TUBING SUB		
		1-3/4"X16' PUMP BARREL		
		2-3/8" X 4' PERFORATED SUB		
		2-3/8" MUD ANCHOR		
		2 7/8" seating nipple	\$ 1.25	\$ 1.00
		0		
		0		
		0		
		0		

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO.
3002521772

5. Indicate Type of Lease
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH PEARL QUEEN UNIT

8. Well Number **003**

9. OGRID Number
025482

10. Pool name or Wildcat
PEARL QUEEN

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

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location
Unit Letter **D** : **1000** feet from the **N** line and **990** feet from the **W** line
Section **3** Township **20S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3685 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. SWAB TESTED WELL.

RESULTS OF SWAB TEST: 0 BBLS OIL, 44 BBLS WATER
INITIAL FLUID LEVEL: 500'
FINAL FLUID LEVEL: 3300'

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

COPY

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 7, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

COMPLETION RIG REPORT

11/1/2008

P. 2 of 8

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
25	8	1-1/4" POLISHED ROD 4'X7/8" ROD SUB 1" FG RODS 3/4" STEEL RODS 1" RODS ON BOTTOM 1-3/4" X 4' PLUNGER AND STANDING VALVE 2-7/8" , J-55, 6.5# TUBING 2X2-3/8" TUBING SUB 1-3/4"X16' PUMP BARREL 2-3/8" X 4' PERFORATED SUB 2-3/8" MUD ANCHOR		
		0		
		0		
		0		
		0		

Baker

REPORT DATE	DAYS SINCE RIG-UP
11/3/2008	2
TOUR SHEET NO.	TOTAL DEPTH
	5,040
RIG CO & NUMBER	PBTD
Reeco #116	5,026
Page 3 of 8	WELLSITE SUPERVISOR Michael L. Allred

Report v.5b

Report v.5b			PRODUCTION OBJECTIVE INFORMATION											
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-rrn Top	U-rrn Btm	U-rrn Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced	
Queen			4.5					4747	4748					
								4935	4936					
								4969	4970					
								4981	4982					

OPERATION SUMMARY

PRESENT OPERATION - Pull Rods; and tubing	DAILY COST	CUMULATIVE COST	APE COSTS
	\$		\$

OPERATION NEXT 24 HOURS -

Pull Rods: and tubing

DAILY COST	
1	10
2	20
3	30
4	40
5	50
6	60
7	70
8	80
9	90
10	100
11	110
12	120
13	130
14	140
15	150
16	160
17	170
18	180
19	190
20	200
21	210
22	220
23	230
24	240
25	250
26	260
27	270
28	280
29	290
30	300
31	310
32	320
33	330
34	340
35	350
36	360
37	370
38	380
39	390
40	400
41	410
42	420
43	430
44	440
45	450
46	460
47	470
48	480
49	490
50	500
51	510
52	520
53	530
54	540
55	550
56	560
57	570
58	580
59	590
60	600
61	610
62	620
63	630
64	640
65	650
66	660
67	670
68	680
69	690
70	700
71	710
72	720
73	730
74	740
75	750
76	760
77	770
78	780
79	790
80	800
81	810
82	820
83	830
84	840
85	850
86	860
87	870
88	880
89	890
90	900
91	910
92	920
93	930
94	940
95	950
96	960
97	970
98	980
99	990
100	1000

	UNIT COST	CUMULATIVE COST
1	1.00	1.00
2	0.90	1.90
3	0.81	2.71
4	0.73	3.44
5	0.66	4.10
6	0.60	4.70
7	0.54	5.24
8	0.49	5.73
9	0.45	6.18
10	0.41	6.59
11	0.37	6.96
12	0.34	7.30
13	0.31	7.61
14	0.28	7.89
15	0.26	8.15
16	0.23	8.38
17	0.21	8.59
18	0.19	8.78
19	0.17	8.95
20	0.16	9.11
21	0.14	9.25
22	0.13	9.38
23	0.12	9.50
24	0.11	9.61
25	0.10	9.71
26	0.09	9.80
27	0.08	9.88
28	0.08	9.96
29	0.07	10.03
30	0.07	10.10
31	0.06	10.16
32	0.06	10.22
33	0.05	10.27
34	0.05	10.32
35	0.04	10.36
36	0.04	10.40
37	0.04	10.44
38	0.03	10.47
39	0.03	10.50
40	0.03	10.53
41	0.02	10.55
42	0.02	10.57
43	0.02	10.59
44	0.02	10.61
45	0.01	10.62
46	0.01	10.63
47	0.01	10.64
48	0.01	10.65
49	0.01	10.66
50	0.01	10.67
51	0.01	10.68
52	0.01	10.69
53	0.01	10.70
54	0.01	10.71
55	0.01	10.72
56	0.01	10.73
57	0.01	10.74
58	0.01	10.75
59	0.01	10.76
60	0.01	10.77
61	0.01	10.78
62	0.01	10.79
63	0.01	10.80
64	0.01	10.81
65	0.01	10.82
66	0.01	10.83
67	0.01	10.84
68	0.01	10.85
69	0.01	10.86
70	0.01	10.87
71	0.01	10.88
72	0.01	10.89
73	0.01	10.90
74	0.01	10.91
75	0.01	10.92
76	0.01	10.93
77	0.01	10.94
78	0.01	10.95
79	0.01	10.96
80	0.01	10.97
81	0.01	10.98
82	0.01	10.99
83	0.01	11.00
84	0.01	11.01
85	0.01	11.02
86	0.01	11.03
87	0.01	11.04
88	0.01	11.05
89	0.01	11.06
90	0.01	11.07
91	0.01	11.08
92	0.01	11.09
93	0.01	11.10
94	0.01	11.11
95	0.01	11.12
96	0.01	11.13
97	0.01	11.14
98	0.01	11.15
99	0.01	11.16
100	0.01	11.17
101	0.01	11.18
102	0.01	11.19
103	0.01	11.20
104	0.01	11.21
105	0.01	11.22
106	0.01	11.23
107	0.01	11.24
108	0.01	11.25
109	0.01	11.26
110	0.01	11.27
111	0.01	11.28
112	0.01	11.29
113	0.01	11.30

SAFE COSTS

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY

[illegible]

COMPLETION RIG REPORT

11/3/2008

P. 4 of 8

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
25	154	1-1/4" POLISHED ROD 4'X7/8" ROD SUB 1" FG RODS 3/4" STEEL RODS 1" RODS ON BOTTOM		
4422	144	1-3/4" X 4' PLUNGER AND STANDING VALVE 2-3/8" , J-55, TUBING 2X2-3/8" TUBING SUB 1-3/4"X16' PUMP BARREL 2-3/8" X 4' PERFORATED SUB 2-3/8" MUD ANCHOR		
		0 0 0 0		

COMPLETION RIG REPORT

11/4/2008

P. 6 of 8

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
200	8	1-1/4" POLISHED ROD 4'X7/8" ROD SIJB 1" FG RODS 3/4" STEEL RODS 1" RODS ON BOTTOM 1-3/4" X 4' PLUNGER AND STANDING VALVE 2-3/8" , J-55, TUBING 2X2-3/8" TUBING SUB 1-3/4"X16' PUMP BARREL 2-3/8" X 4' PERFORATED SUB 2-3/8" MUD ANCHOR	\$ 3,453.00	\$ 144.00
		0		
		0		
		0		
		0		

Baker

REPORT DATE 11/5/2008	DAYS SINCE RIG-UP 4
TOUR SHEET NO.	TOTAL DEPTH 5,040
RIG CO & NUMBER Reeco #116	PSTD 5,026
Page 7 of 8	WELLSITE SUPERVISOR Michael L. Allred

Report v.5b

PRODUCTION OBJECTIVE INFORMATION

Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-m Top	U-m Btm	U-m Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced
Queen			4.5					4747	4748				
								4935	4936				
								4969	4970				
								4981	4982				

OPERATION SUMMARY

PRESENT OPERATION -	Swab RDMO	DAILY COST	CUMULATIVE COST	A/E COSTS
		\$		

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY

[illegible]

COMPLETION RIG REPORT

11/5/2008

P. 8 of 8

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
25	8	1-1/4" POLISHED ROD 4'X7/8" ROD SUB 1" FG RODS 3/4" STEEL RODS 1" RODS ON BOTTOM 1-3/4" X 4' PLUNGER AND STANDING VALVE 2-7/8" , J-55, 6.5# TUBING 2X2-3/8" TUBING SUB 1-3/4"X16' PUMP BARREL 2-3/8" X 4' PERFORATED SUB 2-3/8" MUD ANCHOR		
		0		
		0		
		0		
		0		

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103

June 19, 2008

WELL API NO.

3002535894

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

SOUTH PEARL QUEEN UNIT

8. Well Number **028**

9. OGRID Number

025482

10. Pool name or Wildcat

PEARL QUEEN

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 ☐

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter **J** : **1330** feet from the **S** line and **1330** feet from the **E** line

Section **4** Township **20S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3681 GR

12. 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 COMPL ☐

DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

COPY

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 7, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

COMPLETION RIG REPORT

10/13/2008

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
22'	1	1-1/4" POLISHED ROD	22'	1
		2'-4'-8"x 7/8" RODS		
25'	66	7/8" STEEL RODS	25'	66
25'	123	3/4" STEEL RODS	25'	123
16'	1	2.5"X 1.5" X16' INSERT PUMP	16'	1
6'	1	6'X1-1/4" GAS ANCHOR	6'	1
		0		
		0		
		0		
		0		

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO.

3002503323

5. Indicate Type of Lease

STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
SOUTH PEARL QUEEN UNIT

8. Well Number **017**

9. OGRID Number
025482

10. Pool name or Wildcat
PEARL QUEEN

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

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter **P** : **660** feet from the **S** line and **660** feet from the **E** line
Section **4** Township **20S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3684 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. HOT OILED WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

COPY

Spud Date: 12/22/90

Rig Release Date: 1/5/91

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 7, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

OPERATOR Xeric Oil and Gas Corp	
WELL NAME SOUTH PEARL QUEEN UNIT 017	
LEGAL LOCATION 660FSL, 660 FEL	API NUMBER 3002503323
County, State Lea, New Mexico	AFE NUMBER



Daily Completion Report

REPORT DATE 10/13/2008	DAYS SINCE RIG-UP
TOUR SHEET NO. 16319	TOTAL DEPTH N/A
RIG CO & NUMBER REECO WELL SERVICE	PSTD N/A
Page 4 of 8	WELL SITE SUPERVISOR Ace Armann

PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-m Top	U-m Btm	U-m Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced

OPERATION SUMMARY			
PRESENT OPERATION -	PULL PRODUCTION EQUIPMENT	DAILY COST	CUMULATIVE COST
		\$ 5	2
OPERATION NEXT 24 HOURS -			
PURPOSE & PLAN OF THIS OPERATION -			

DAILY COMPLETION SUMMARY				
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
5:00	18:00	13.00		CREW TRAVEL FROM HOBBS, NM
		0.00		RU, UNHANG WELL. TOOH W/ RODS, RODS ARE UNSCREWED ABOVE PLUNGER.
		0.00		TIH W/ RODS. SCREWED BACK ON THE PLUNGER AND STANDING VALVE. TOOH W/ RODS. PLUNGER, STANDING VALVE
		0.00		
		0.00		RU HOT OIL TRUCK. HOT OIL 50 BBLs DOWN CASING W/ PRODUCED WATER AND PARAFIN SURFACTANT.
		0.00		NU BOP. RELEASE ANCHOR CATCHER, TOOH W/ 2-7/8" TUBING-
		0.00		SDFN
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
TOTAL HOURS		13.00		

COMPLETION RIG REPORT

10/13/2008

P. 2 of 6

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
22'	1	1-1/4" POLISHED ROD		
4'	1	4'X7/8" ROD SUB		
1400	56	1" FG RODS		
2250	90	7/8" STEEL RODS		
	5	1" RODS ON BOTTOM		
4'	1	1-3/4" X 4' PLUNGER AND STANDING VALVE		
	140	2-7/8" , J-55, 6.5# TUBING		
	1	2X2-3/8" TUBING SUB		
16'	1	1-3/4"X16' PUMP BARREL		
4'	1	2-3/8" X 4' PERFORATED SUB		
		2-3/8" MUD ANCHOR		
		0		
		0		
		0		
		0		

OPERATOR Xeric Oil and Gas Corp	
WELL NAME SOUTH PEARL QUEEN UNIT 017	
LEGAL LOCATION 660FSL, 660 FEL	API NUMBER 3002503323
County, State Lea, New Mexico	AFE NUMBER



Daily Completion Report

REPORT DATE 10/14/2008	DAYS SINCE RIG-UP 2
TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER REECO WELL SERVICE	PBTD #VALUE!
Page 3 of 8	WELL SITE SUPERVISOR Ace Amann

PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-m Top	U-m Btm	U-m Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced

PRESENT OPERATION -		RUNNING PRODUCTION EQUIPMENT		DAILY COST	CUMULATIVE COST	AFE COSTS
				\$		
OPERATION NEXT 24 HOURS -						
PURPOSE & PLAN OF THIS OPERATION -						

DAILY COMPLETION SUMMARY				DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	
5:00	17:00	12.00		CREW TRAVEL TO LOCATION FROM HOBBS, NM
		0.00		RU HYDROTESTETERS, TIH W/ MUD ANCHOR, PERF SUB, SN, TUBING, TUBING ANCHOR CATHER.
		0.00		FOUND ONE TBG COUPLING LEAKING 1 JOINT ABOVE TAC
		0.00		TESTED TUBING TO 6500 PSI, RD HYDROTESTERS. SET ANCHOR CATHER, ND BOP
		0.00		TIH W/ PLUNGER AND RODS, PLUNGER WOULD NOT GO INTO PUMP BARREL, TOOH W/ RODS AND PLUNGER. CHANGE OOUT X-OVER BOX
		0.00		ONTOP OF PLUNGER, TIH W/ PLUNGER AND RODS, SPACED WELL OUT, HANG IT ON, PUMPED WELL UP, SHUT DOWN
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
TOTAL HOURS		12.00		

COMPLETION RIG REPORT

10/14/2008

P. 4 of 6

RUN - PULL REPORT

PULLED FROM WELL		DESCRIPTION	RUN IN WELL	
LENGTH	QTY		LENGTH	QTY
		1-1/4" POLISHED ROD	\	1
		4'X7/8" ROD SUB	4'	1
		1" FG RODS	1400	56
		7/8" STEEL RODS	2250	90
		1" RODS ON BOTTOM		5
		1-3/4" X 4' PLUNGER AND STANDING VALVE	4'	1
		2-7/8" , J-55, 6.5# TUBING		140
		2X2-3/8" TUBING SUB		1
		1-3/4"X16' PUMP BARREL	16'	1
		2-3/8" X 4' PERFORATED SUB	4'	1
		2-3/8" MUD ANCHOR		
		2'x7/8" ROD SUB	2'	1
		0		
		0		
		0		
		0		

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 30-025-30867
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E081840005
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well Number 192
9. OGRID Number 25482
10. Pool name or Wildcat PEARL QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710 GR

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other:	
2. Name of Operator XERIC OIL AND GAS CORP	
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079	
4. Well Location Unit Letter J : 1330 feet from the S line and 1330 feet from the E line Section 28 Township 19S Range 35E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710 GR	

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR/MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

OPERATOR Xeric Oil and Gas Corp	
WELL NAME West Pearl Queen # 192	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER



Daily Completion Report

REPORT DATE 10/29/2008	DAYS SINCE RIG-UP
TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER	PBTD N/A
Page 1 of 2	WELLSITE SUPERVISOR

Report v.5b

PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-rm Top	U-rm Btm	U-rm Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced

OPERATION SUMMARY													
PRESENT OPERATION - Pressure test casing(packer)									DAILY COST	CUMULATIVE COST	AFE COSTS		
									\$ -	\$ -	\$ -		

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY				
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
12:00	12:30	0.50		MIRU, Pate Trucking kill truck, pump into casing .5 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi. test good 15 min/0 leak
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
		0.00		
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Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 30-025-30861
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E081830004
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well Number 191
9. OGRID Number 25482
10. Pool name or Wildcat PEARL QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3722 GR

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: _____

2. Name of Operator
XERIC OIL AND GAS CORP

3. Address of Operator
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location
Unit Letter **M** : **1310** feet from the **S** line and **1310** feet from the **W** line
Section **28** Township **19S** Range **35E** NMPM **LEA** County

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

Xeric Oil and Gas Corp	
WELL NAME	
West Pearl Queen # 191	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER



Daily Completion Report

TOUR SHEET NO.	TOTAL DEPTH
	N/A
RIG CO & NUMBER	PBTD
	N/A
Page 1 of 2	WELLSITE SUPERVISOR

Report v.5b

PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btn (ft)	Csg Size	Csg Type	U-rn Top	U-rn Btn	U-rn Size	Perf Top	Perf Btn	CHARGE	PHASING	SPF	Enhanced

OPERATION SUMMARY			
PRESENT OPERATION -		DAILY COST	CUMULATIVE COST
		\$ -	\$ -
OPERATION NEXT 24 HOURS -			
PURPOSE & PLAN OF THIS OPERATION -			

DAILY COMPLETION SUMMARY				
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
12:30	13:00	0.50		MIRU, Pate Trucking kill truck, pump into casing 3.0 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi. test good 20 min(0 le
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1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico
Bureau of Geology, Minerals and Natural Resources

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

WELL API NO.

30-025-22870

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E081830004

7. Lease Name or Unit Agreement Name

WEST PEARL QUEEN UNIT

8. Well Number 163

9. OGRID Number

25482

10. Pool name or Wildcat

PEARL QUEEN

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:

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter D : 5 feet from the N line and 1315 feet from the W lineSection 33 Township 19S Range 35E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3719 GR

12. 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 COMPL ☐
 DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any): _____

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

WELL API NO.

30-025-03227

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E081830004

7. Lease Name or Unit Agreement Name

WEST PEARL QUEEN UNIT

8. Well Number 125

9. OGRID Number

25482

10. Pool name or Wildcat

PEARL QUEEN

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: Injection

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter N : 660 feet from the S line and 1980 feet from the W lineSection 28 Township 19S Range 35E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3715 GR

12. 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 COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: WELL REPAIR/ MAINTAINANCE ☒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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion
or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

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

WELL API NO.

30-025-03229

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E081840005

7. Lease Name or Unit Agreement Name

WEST PEARL QUEEN UNIT

8. Well Number 124

9. OGRID Number

25482

10. Pool name or Wildcat

PEARL QUEEN

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: Injection

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter O : 660 feet from the S line and 1980 feet from the E lineSection 28 Township 19S Range 35E NMPM LEA County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3717 GR

12. 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 COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

WELL NAME	
West Pearl Queen # 124	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER

Daily Completion Report

TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER	PBTD N/A
Page 1 of 2	WELLSITE SUPERVISOR

[illegible]

PRESENT OPERATION -	DAILY COST	CUMULATIVE COST	APE COSTS
	\$ -	\$ -	\$ -

OPERATION NEXT 24 HOURS -

PURPOSE & PLAN OF THIS OPERATION -

FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
12:30	13:00	0.50		MIRU, Pate Trucking kill truck, pump into casing 3.5 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi. test good 10 min(0 lea
		0.00		5.5" casing w 5"x2" swedge w valve.
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TOTAL HOURS		0.50		

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

WELL API NO.

30-025-03228

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E081840005

7. Lease Name or Unit Agreement Name

WEST PEARL QUEEN UNIT8. Well Number **122**

9. OGRID Number

25482

10. Pool name or Wildcat

PEARL QUEEN

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: Injection

2. Name of Operator

XERIC OIL AND GAS CORP

3. Address of Operator

14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079

4. Well Location

Unit Letter **J** : **1980** feet from the **S** line and **1980** feet from the **E** line
Section **28** Township **19S** Range **35E** NMPM **LEA** County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3719 GR

12. 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 COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐ P AND A ☐CASING/CEMENT JOB ☐OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

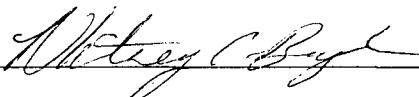
PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.**SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.**

Spud Date:

Rig Release Date:

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

SIGNATURE

TITLE: **Authorized Agent**DATE **Nov. 14, 2008**Type or print name: **Whitney E. Boyd**E-mail address: **wboyd@mbakercorp.com**PHONE: **307.763.0209****For State Use Only**

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

Baker

REPORT DATE 10/29/2008	DAYS SINCE RIG-UP
TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER	PBTD N/A
Page 1 of 2	WELLSITE SUPERVISOR

Report v.5b

OPERATION SUMMARY

OPERATION NEXT 24 HOURS -

DAILY COMPLETION SUMMARY

FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
11:30	12:00	0.50		MIRU, Pate Trucking kill truck, pump into casing .2 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psl. test good 10 min(0 lea
		0.00		No well head, 5.5" csg w collar, 5.5"x2" swedge w 2" ball valve, no pressure on
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		0.00		
		0.00		
TOTAL HOURS		0.50		

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Geology, Minerals and Natural Resources

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

Form C-103
June 19, 2008

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.)		WELL API NO. 30-025-03225
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Injection		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E081830004
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter K : 1980 feet from the S line and 1980 feet from the W line Section 28 Township 19S Range 35E NMPM LEA County		8. Well Number 121
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3722 GR		9. OGRID Number 25482
		10. Pool name or Wildcat PEARL QUEEN

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR/MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

OPERATOR Xeric Oil and Gas Corp	
WELL NAME West Pearl Queen # 121	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER

Baker

Daily Completion Report

REPORT DATE 10/29/2008	DAYS SINCE RIG-UP
TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER	PBTD N/A
Page 1 of 2	WELLSITE SUPERVISOR

Report v.5b

PRODUCTION OBJECTIVE INFORMATION													
Formation	Top (ft)	Btm (ft)	Csg Size	Csg Type	U-m Top	U-m Btm	U-m Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced

OPERATION SUMMARY			
PRESENT OPERATION -	Pressure test casing (packer)	DAILY COST	CUMULATIVE COST
		\$ -	\$ -
OPERATION NEXT 24 HOURS -			
PURPOSE & PLAN OF THIS OPERATION -			

DAILY COMPLETION SUMMARY				
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)
15:30	16:30	1.00		MIRU, Fete Trucking kill truck, pump into casing 3.0 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi.
		0.00		Test is bad, leaks off 100 psi in 1 min
		0.00		
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		0.00		
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		0.00		
		0.00		
		0.00		
TOTAL HOURS		1.00		

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1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 30-025-03240
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E015870000
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well Number 119
9. OGRID Number 25482
10. Pool name or Wildcat PEARL QUEEN

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other: Injection	
2. Name of Operator XERIC OIL AND GAS CORP	
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079	
4. Well Location Unit Letter I : 1980 feet from the S line and 660 feet from the E line Section 29 Township 19S Range 35E NMPM LEA County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3746 GR	

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

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State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
June 19, 2008

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

WELL API NO. 30-025-00398
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E064850001
7. Lease Name or Unit Agreement Name MESA QUEEN UNIT
8. Well Number 008
9. OGRID Number 25482
10. Pool name or Wildcat MESA QUEEN

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator XERIC OIL AND GAS CORP
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079
4. Well Location Unit Letter G : 1980 feet from the N line and 1980 feet from the E line Section 16 Township 16S Range 32E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4342 GR

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date: 09/08/1962

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008
Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any): _____

Report v.5b

REPORT DATE 11/5/2008	DAYS SINCE RIG-UP
TOUR SHEET NO.	TOTAL DEPTH N/A
RIG CO & NUMBER Pate Trucking	PBTD N/A
Page 1 of 4	WELLSITE SUPERVISOR Lance Lopez

OPERATION SUMMARY

OPERATION NEXT 24 HOURS -	Rig up and Pull Rods and Tubing, Check Pump
---------------------------	---

PURPOSE & PLAN OF THIS OPERATION -

DAILY COMPLETION SUMMARY

[illegible]

Submit 3 Copies to Appropriate District Office
District I
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1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
June 19, 2008

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.)		WELL API NO. 30-025-03266
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 XERIC OIL AND GAS CORP		6. State Oil & Gas Lease No. E016380004
3. Address of Operator 14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079		7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
4. Well Location Unit Letter F : 1980 feet from the N line and 2283 feet from the W line Section 31 Township 19S Range 35E NMPM LEA County		8. Well Number 154
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3719 GR		9. OGRID Number 25482
		10. Pool name or Wildcat PEARL QUEEN

12. 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 COMPL ☐
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL. SWAB TESTED WELL.

SWAB RESULTS: 174 BBLs WATER, 96 BBLs OIL
INITIAL FLUID LEVEL: 700'
FINAL FLUID LEVEL: 2000'

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

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