Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

DISTRICT	IL CONSERVATION	N DIVISION	I	
DISTRICT P.O. Box 1980, Hobbs NM 88241-1980	<u> </u>		WELL API NO.	
DISTRICT II	Santa Fe, NM 87505		30-025-20327	
P.O. Drawer DD, Artesia, NM 88210			5. Indicate Type of Lease STATE] FEE
<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			6. State Oil & Gas Lease No.	
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 MESA QUEEN UNIT	
1. Type of Well:	1.01.0001111101.001120.,		TIESA QUEEN ONT	
OIL GAS WELL OTHER				
2. Name of Operator			8. Well No.	
XERIC OIL & GAS CORPORATION			5	
3. Address of Operator P.O. BOX 352 MIDLAND TX 79702			9. Pool name or Wildcat	
4. Well Location Unit Letter H : 2310	Feet From The NORTH	Line and 33	Feet From The EA	AST Line
Section 17	Township 16S Ray	32E	NIMPM LEA	
Section 17	Township 105 Ray 10. Elevation (Show wheth	150	1 1 1 1 1 1 1	County
			<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
11. Check Appr	opriate Box to Indicate	Nature of Noti	ce, Report, or Other D	ata
NOTICE OF INTE	SEQUENT REPORT O	F:		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CA	SING
TEMPORARILY ABANDON U CHANGE PLANS U COMMENCE DRILLING			GOPNS. UPLUG AND AB	ANDONMENT LE
PULL OR ALTER CASING		CASING TEST AND CE	EMENT JOB 🔲	
OTHER:		OTHER:		
12. Describe Proposed or Completed Operawork) SEE RULE 1103.	tion\$Clearly state all pertinent de		dates, including estimated date of	f starting any proposed
8-6-03 SPOT 25 SKS 3400 WOC & TAG PERF @ 1400 SQUEEZE 25 SKS 8-7-03 PERF @ 400 SQUEEZE 50 SKS W SPOT 20 SKS 100' TO SURFACE	W.O.C. & TAG @ 1230 OC & TAG @ 160		10 10 20 21 10 AUS 20 10 Hob	NED
CIRCULATE MUD INSTALL P&A MARKER	Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed.			obs CD
I hereby certify that the information above is true	and complete to the best of my knowle	dge and belief.		
SIGNATURE ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSED ASSESSEDA	TITLE		DATE 8-7-03	
TYPE OR PRINT NAME JEFF KESTER			TELEPHONE NO.	915-547-2926
(This space for State Use)	OC DISTR	RICT SUPERVISOR/G	AU ENERAL MANAGER	G 2 2 2003
APPROVED BY Mus Well		E	DATE	