Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-103
Revised March 25, 1999

WELL API NO. 30-025-03250
5. Indicate Type of Lease STATE [X] FEE [ ]
6. State Oil & Gas Lease No. E-1587

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: West Pearl Queen Unit

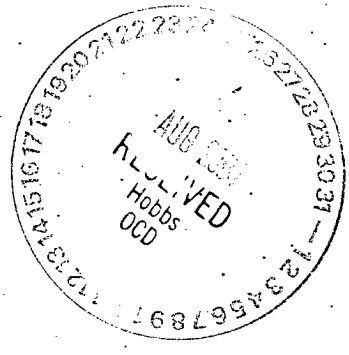
1. Type of Well: Oil Well [X] Gas Well [ ] Other
2. Name of Operator: Xeric Oil & Gas Corporation
8. Well No. 130
3. Address of Operator: P. O. Box 352, Midland, TX 79702
9. Pool name or Wildcat: Pearl Queen
4. Well Location
Unit Letter M : 660 feet from the South line and 660 feet from the West line
Section 29 Township 19S Range 35E NMPM Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[X]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]	MULTIPLE COMPLETION	[ ]	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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

1. SI well.
2. TOH W/production equipment.
3. Set CIBP @ 4750' & dump bail cement..
4. Test as per NMOCD guidelines & request TA status.



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

SIGNATURE Angie Crawford TITLE Production Analyst DATE 8/25/04

Angie Crawford
Type or print name ACrawford@xericoil.com 432-683-3171 Telephone No.

(This space for State use)

APPPROVED BY Gary W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE AUG 27 2004

Conditions of approval, if any: