Submit 3 Copies To Appropriate District  Office  State of New Months and New Mont	
District I Energy, Minerals and Natt	WELL API NO.
District II OIL CONCEDIVATION	30-025-20230
811 South First, Artesia, NM 87210 OIL CONSERVATION District III 2040 South Pac	1 D. Indicate type of Lease
1000 Die Dersee D.J. Amer. NR J 97410	STATE IX FEE ( )
District IV 2040 South Pacheco, Santa Fe, NM 87505	0. State Oil & Gas Lease 140.
	к-867
SUNDRY NOTICES AND REPORTS ON WELL (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PI DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) F PROPOSALS.)  1. Type of Well:	UG BACK TO A
Oil Well Gas Well Other Injection	
2. Name of Operator Xeric Oil & Gas Corporati	
3. Address of Operator P. O. Box 352	9. Pool name or Wildcat Mesa Queen
Midland, TX 79702 Mesa Queen  4. Well Location	
Unit Letter K: 1650 feet from the South line and 2310 feet from the West line	
	tange 32E NMPM Lea County
10. Elevation (Show whether	OR, 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	COMMENCE DRILLING OPNS. PLUG AND
<u> </u>	ABANDONMENT
PULL OR ALTER CASING  MULTIPLE  COMPLETION	CASING TEST AND CEMENT JOB
OTHER:	OTHER: TA Status
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.	
•	was performed on this well as per NMOCD
Rules and Regulations. The casing was pressured to 580 PSI over a 30 minute period 3456789 to The test was deemed successful. The chart is attached. Request TA status.	
The test was deemed successful. The char	
	See AUG 2000
	1 (S RECEIVED A)
	/ Money
This Approval of	Temporary 000
Abandonment Exp	
	The state of the s
I hereby partify that the information above is true and complete to t	a hast of my brands does and halise
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Mare Caword TITL	E Production Analyst DATE 7/31/02
Angie Crawford	Walankana M.
Type or print name (/ (This space for State use)	Telephone No.
	The state of the s
APPPROVED BY TITL	
Conditions of approval, if any:	GARY W. WINK BEFRESENTATIVE II/STAFF MANAGER AUG 0 6 2002

