

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-025-20269

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-11214

7. Lease Name or Unit Agreement Name

Mesa Queen

8. Well No. #20

9. Pool name or Wildcat
Mesa Queen Assoc.

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 Water Injection Well

2. Name of Operator

Xeric Oil & Gas Corporation

3. Address of Operator

P O Box 352 Midland, TX 79702

4. Well Location

Unit Letter P : 990 Feet From The South Line and 670 Feet From The East Line

Section 17 Township 16S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4360' DF

11. 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

1. Rig up pulling unit.
2. Nipple down injection head.
3. Nipple up 5000psi BOP's.
4. Unseat packer & pull 3360' of 2 3/8" tubing.
5. Redress or replace packer.
6. TIH with tubing, set packer @ 3340' and load backside with treated water.
7. Contact NMOCD to witness pressure test (give 24 hr advance notice)
8. Pressure test to 300# for 15 minutes recording results on chart.
9. Nipple down BOP's.
10. Nipple up injection head.
11. Rig down pulling unit.
12. Return well to water injection.

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

SIGNATURE RC Barnett

TITLE President

DATE 12-14-99

TYPE OR PRINT NAME RC Barnett

TELEPHONE NO. 915-683-31

(This space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

DEC 20 1999

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

3

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