

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources
HOBBS OCD
 OIL CONSERVATION DIVISION
 MAR 12 2013
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 August 1, 2011

RECEIVED

<p style="text-align: center;">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.)</p> <p>1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/></p> <p>2. Name of Operator State of New Mexico formerly Xeric Oil and Gas Corp</p> <p>3. Address of Operator 1625 N. French Drive, Hobbs, NM 88240</p> <p>4. Well Location Unit Letter <u>C</u> : <u>1310</u> feet from the <u>N</u> line and <u>2630</u> feet from the <u>W</u> line Section <u>33</u> Township <u>19-S</u> Range <u>35-E</u> NMPM County <u>Lea</u></p> <p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>	<p>WELL API NO. 30-025-31023</p> <p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p> <p>6. State Oil & Gas Lease No. E058410000</p> <p>7. Lease Name or Unit Agreement Name West Pearl Queen Unit</p> <p>8. Well Number 205</p> <p>9. OGRID Number 25482</p> <p>10. Pool name or Wildcat Pearl Queen</p>
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12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p style="text-align: center;">NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p style="text-align: center;">SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

02/21/13 MIRU plugging equipment. NU BOP. POH w/ production company.
 02/22/13 RIH w/ tbg open ended w/ 30 sx cement @ 4660-4364. POH to 1870'. WOC.
 02/26/13 Tagged plug @ 4426'. Circulated hole w/ 100 bbls mud laden fluid. POH w/ tbg. RIH w/ tbg open ended to 3400'. Pressure tested casing. Held. Spotted 25 sxs cement @ 3400-3153. POH to 1800'. Spotted 25 sx cement @ 1800-1553. POH to 455'. ND BOP. Spotted 50 sx cement @ 455 to surface. Rigged down moved off.
 03/01/13 Moved in backhoe and welder. Dug out cellar. cut off well head. Welded on Above Ground Dry Hole Marker. Backfilled cellar. Removed dead men and cleaned location. Moved off

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) which may be found at OCD Web Page under Forms, www.emnrd.state.nm.us/oed.

Spud Date: 02/21/13 Rig Release Date: 03/01/13

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

SIGNATURE [Signature] TITLE _____ DATE _____
 Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only
 APPROVED BY: [Signature] TITLE Dist. Mgr. DATE 3-12-2013
 Conditions of Approval (if any): P.m.

MAR 13 2013

John