

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87400
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Form C-103
 May 27, 2004

HOBBS OCD
APR 30 2013
RECEIVED

WELL API NO.
 30-025-03247

5. Indicate Type of Lease
 STATE FEE

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.)

1. Type of Well: Oil Well Gas Well Other

2. Name of Operator
 State of New Mexico formerly Xeric Oil & Gas Corporation

3. Address of Operator
 1625 N. French Drive Hobbs NM 88240

4. Well Location
 Unit Letter C : 990 feet from the North line and 1980 feet from the West line
 Section 29 Township 19S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

Pit or Below-grade Tank Application or Closure

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water N/A

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

7. Lease Name or Unit Agreement Name
 West Pearl Queen Unit

8. Well Number 103

9. OGRID Number
 25482

10. Pool name or Wildcat
 Pearl Queen

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<p>APPROVED FOR PLUGGING AND ABANDON Liability under bond is retained pending receipt of C-103 (Specifically for Subsequent Report of Well Plugging) which may be found at OCD web page www.emnrd.state.nm.us/ocd</p> <p>OTHER _____</p>	<p>INTENTION TO:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p>	<p>SUBSEQUENT REPORT OF:</p> <p>ALTERING CASING <input type="checkbox"/></p> <p>P AND A <input checked="" type="checkbox"/></p>
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13. Describe previous or recompletion.
 Provide all pertinent details, and give pertinent dates, including estimated date of completion.
 Multiple Completions: Attach wellbore diagram of proposed completion

- 3/08/13---Set CIBP @ 4750'.
- 3/11/13---Spot 25 sxs cmt @ 4750'. Perf @ 3400' - could not establish pump rate, POOH with pkr.
- 3/12/13---RIH open ended to 3467' - spot 25 sxs - WOC Tag @ 3223'. Perf @ 1900' - could not sqz. RIH open ended to 1973', spot 35 sxs cmt.
- 3/13/13---Tag @ 1720'. RIH & perf @ 160' - sqz 100 sxs cmt, brought well to surface. RDMO.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE P&A Tech (Basic Energy Services) DATE 3/28/13

Type or print name: Greg Bryant E-mail address: _____ Telephone No. 432-563-3355

APPROVED BY: [Signature] TITLE DIST. MGR DATE 4-30-2013
 Conditions of Approval (if any): _____
RM
MAY 01 2013