

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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

<p>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>WELL API NO. 30-025-03298</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other INJECTION</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator STATE of NM formerly Xeric Oil & Gas</p>		<p>6. State Oil & Gas Lease No. F</p>
<p>3. Address of Operator 1625 N. French Dr. Hobbs, NM 88240</p>		<p>7. Lease Name or Unit Agreement Name EAST PEARL QUEEN UNIT</p>
<p>4. Well Location Unit Letter D : 660 feet from the NORTH line and 660 feet from the WEST line Section 34 Township 19S Range 35E NMPM County LEA</p>		<p>8. Well Number 42</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.)</p>		<p>9. OGRID Number 25482</p>
<p>10. Pool name or Wildcat Pearl Queen</p>		

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

<p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" 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>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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/></p>	
<p>OTHER: <input type="checkbox"/></p>		<p>OTHER: <input type="checkbox"/></p>	

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.

SEE ATTACHED PLUGGING PROCEDURE

Spud Date:

Rig Release Date:

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

SIGNATURE

Mark Whitaker

TITLE

Compliance Officer

DATE

03-28-2013

Type or print name
or State Use Only

E-mail address:

PHONE:

APPROVED BY

E. Gonzalez

TITLE

Dist. Mgr.

DATE

3-28-2013

Conditions of Approval (if any):

JUN 18 2013

State of New Mexico formerly Xeric Oil & Gas Corp
East Pearl Queen Unit No. 42

Set CIBP at 4700' and cap w/ 25 sx cmt. Pressure test csg.
Circulate hole w/ 9.5 ppg brine w/ 25 sx salt gel per 100 bbls.
Perf at 3320'. Attempt to sqz w/ 25 sx cmt. WOC and Tag.
Perf at 1900'. Attempt to sqz w/ 25 sx cmt. WOC and Tag.
Perf at 280'. Attempt to circulate cmt to surface.
Cut off wellhead and install dry hole marker.

WELL # 42

SECT _____ TWN _____ RNG _____

FROM _____ N/S L _____ E/W L _____

TD: 5043 FORMATION @ TD _____

PBTD: _____ FORMATION @ PBTD _____

^ REQUIRED PLUGS DISTRICT I

[illegible]

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
 RAPIDLY ABANDON ☐ CHANGE PLANS ☐
 CULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 OWN HOLE COMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐

OTHER: ☐ OTHER: ☐

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.

SEE ATTACHED PLUGGING PROCEDURE

At Date:

Rig Release Date:

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

SIGNATURE

TITLE

DATE

Company Name

E-mail address:

PHONE:

APPROVED BY

TITLE

DATE

Additional Approvals (if any):

04/01 20:53
 14325633364
 00:00:37
 03
 OK
 STANDARD
 ECM

DATE, TIME
 FAX NO./NAME
 DURATION
 PAGE(S)
 RESULT
 MODE

TIME : 04/01/13 20:53
 NAME : EMMRD (CD)
 FAX : 5753938720
 TEL : 5753938161
 SER.# : BRDM4J088511

TRANSMISSION VERIFICATION REPORT