Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-03298
District III - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE 🔀 FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		F
SUNDRY NOTI	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	EAST PEARL QUEEN UNIT
1. Type of Well: Oil Well	Gas Well Other INVECTION	8. Well Number 4-2
2. Name of Operator  STATE of NM forme	erty Xeric Oil ! Gas	9. OGRID Number 25482
3. Address of Operator 1625 N. French Dr.	Maria Maria	10. Pool name or Wildcat  Pearl Queen
4. Well Location	//	
Unit Letter D : Section 34	feet from the NORTH line and Township 195 Range 35E	NMPM County LEA
Section 34	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
26 ± 26 ± 25 ± 25 ± 25 ± 25 ± 25 ± 25 ±		9
12. 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 WOF	RK ALTERING CASING
TEMPORARILY ABANDON		RILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMEN	NI JOB LI
_		·
OTHER:  13 Describe proposed or complete	OTHER:	ad give pertinent dates, including estimated date
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.		
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SIGNATURE Wah WY	ritaline TITLE Compliance	Officer DATE 03-28-2013
'pe or print name	E-mail address:	PHONE:
or State Use Only		
APPROVED BY Conditions of Approval (if any):	TITLE IST. MAY	DATE 3-28-2013
Conditions of Approval (17 any):		DATE 3-28-2013
•		ZU, J

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.

PLUGGING & ABANDONMENT WORKSHEET OPERATOR State of NM formerly XERIC Oil & Gas LEASENAME East Pearl Queen WELL SECT TWN RNG N/S L EW L **FROM** FORMATION @ TD 5043 TD: FORMATION @ PBTD PBTD: SIZE SET @ TOC TOC DETERMINED BY 85/8 230 CIRC SURFACE SURF Pattot INTMED 1 TOC SURFACE INTMED 2 51/2 5033 200 SX PROD SIZE BOT TOC DETERMINED BY TOP TSALT Perfot 1900' 507 w/25 sx LINER 1 1910' LINER 2 CUT & PULL @ TOP - BOTTOM 4750-4965 INTMED 1 PERFS INTMED 2 OPENHOLE PROD \* REQUIRED PLUGS DISTRICT I PLUG RUSTLER (ANTIYO) TYPE SACKS DEPTH PLUG CMNT YATES BSALT EXAMPLES QUEEN Perf at 3320' 502 w/25 5x 3270 PLUCIE OH25 SXS 9850 ORAYBURG SHOE 50 SXS 8700'-8800' SAK ANDRES MUU#2 CIBP/35' ಮುರ್ಚ 5300 CIBP 25 SXS rwors 5300 CAPITAX REEF 50 SXS 4600'-4700' PLUXIA STUB REINR SQZ 200 SXS 400 ¹ 20014 DELAWARE 0-10 SURF 10.505 BELL CANYON HU047 SET Perfs 4750'-4965 PLUU PL CHEFILY CANYON C4700' BELLETT CARYON rw12 W/25x 5/215.5/17# PLUCES EHLESS SHOE PLUG#4 GLORIETA ruo e s TOCUNKNOWN BLINEBRY PLUGIC (200 Sx) TUBB PLUGET PLUXI I E DEDICARD PLUGES ABO PLUUI 10 WC PEWO # PLUUI 6 ATOKA TD 5043 WOLLOW 1 NYMHOARC

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: 5 RECRIMIREMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING [] YEMPORAPILY ABUNDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A ULL CR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB OWN TOLE COMMINGLE OTHER: 13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting at y proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach welloore diagram of Meposed completion or recompletion. SIE ATTACHED PLUGGING PROCEDURE et Da et Rig Release Date: triby entity that the information above is true and complete to the best of my knowledge and belief. e or print name E-mail address: <u>tat Use Only</u> siitiors of Approval (if **GHAUDARD** 80 48:00:00 DURATION FAX NO. /NAME 14352933364 59:83 10/00 DATE, TIME EROM411 5861 1 1913868949 TEL 8743868949 ΕVX EWAKD CCD BWWN :S:02 8T0:/T0/#0 EWIL

TRANSMISSION VERIFICATION REPORT