

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

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

Form C-103
Revised August 1, 2011

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.)		WELL API NO. 30-025-03248 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Injection Well <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE XX FEE
2. Name of Operator State of New Mexico formerly Xeric Oil & Gas Corp		6. State Oil & Gas Lease No.
3. Address of Operator 1625 N. French Drive Hobbs, NM 88240		7. Lease Name or Unit Agreement Name West Pearl Queen Unit ✓
4. Well Location Unit Letter J : 1980 feet from the South line and 1980 feet from the East line Section 29 Township 19S Range 35E NMPM Lea County		8. Well Number 118 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 25482 ✓
		10. Pool name or Wildcat Pearl Queen

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
DOWNHOLE COMMINGLE <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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.

4/9/2014 Moved in rigged up. Worked to get wellhead disassembled.

4/10/2014 Installed BOP. Moved in workstring and remaining equipment. RIH and tagged at 4682'. Circulated MLF and spotted 25 sx cement.

4/11/2014 Spotted 25 sx cement at 3315'. POOH to 1917' and spotted 25 sx cement. POOH to 358' and circulated cement to surface. Rigged down. Cut off wellhead. One inch 8 5/8" X 4 1/2" annulus to surface. Installed marker and cut off anchors.

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

SIGNATURE _____ TITLE _____ DATE _____

Type or print name _____ E-mail address: _____ PHONE: _____

For State Use Only

APPROVED BY: Maley Brown TITLE: Dist. Supervisor DATE: 4/15/2014

Conditions of Approval (if any)

APR 15 2014