

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM  
 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

Form C-103  
 Revised August 1, 2011

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

WELL API NO. 30-025-03243
5. Indicate Type of Lease STATE      FEE      XX
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name West Pearl Queen Unit
8. Well Number 129
9. OGRID Number 25482
10. Pool name or Wildcat Pearl Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

**SUNDK Y 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      Injection Well

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

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

4. Well Location  
Unit Letter N : 660 feet from the S line and 1980 feet from the W line  
Section 29      Township 19S      Range 35E      NMPM      Lea      County

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

HOBBS OCD  
 MAY 01 2014  
 RECEIVED

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A      XX
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <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.

4/22/2014 MIRU. Dug out cellar and installed BOP. Picked up workstring and tagged up at 3606'.

4/23/2014 Circulated MLF and spotted 25 sx cement at 3606'. POOH and perforated at 1850'. RIH with packer and pressured up on perms. Released packer and spotted 25 sx across perms from 1917'. Did not tag as per OCD. ETOC @ 1670'. POOH and perforated at 200'. Circulated cement to down 5 1/2" casing to perms at 200' and up annulus to surface. Took 140 sx. Removed BOP and cement was falling. Filled back up with 15sx. With CaCl. SION.

4/24/2014 Cut off wellhead. Filled up both string of casing to surface with 25 sx. 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: Mary Brown TITLE Dist. Supervisor DATE 5/1/2014  
 Conditions of Approval (if any):

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