

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I

P.O. Box 1980, Hobbs NM 88241-1980

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-20439

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-6297

7. Lease Name or Unit Agreement Name
MESA QUEEN UNIT

1. Type of Well:
OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
XERIC OIL & GAS CORPORATION

3. Address of Operator
P.O. BOX 352 MIDLAND TX 79702

8. Well No.
22

9. Pool name or Wildcat

4. Well Location
Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line
Section 20 Township 16S Range 32E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-16-03

SPOT 25 SKS 3400 WOC & TAG @ 3073

SPOT 25 SKS 1300' WOC & TAG @ 1012

7-17-03

PERF @ 600 SQUEEZE 50 SKS WOC & TAG @ 438

SPOT 20 SKS 100' TO SURFACE

CIRCULATE MUD
INSTALL P&A MARKER

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.



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

SIGNATURE Jeff Kester TITLE _____ DATE 7-17-03

TYPE OR PRINT NAME JEFF KESTER

TELEPHONE NO. 915-547-2926

(This space for State Use)

APPROVED BY Harry W. Wink
CONDITIONS OF APPROVAL, IF ANY:

OC FIELD REPRESENTATIVE II/STAFF MANAGER
TITLE _____ DATE _____

AUG 14 2003