

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.
30-025-20585

5. Indicate Type of Lease
STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

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.)

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

8. Well No.
16

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

9. Pool name or Wildcat

4. Well Location
Unit Letter J: 2310 Feet From The SOUTH Line and 2310 Feet From The EAST Line

Section 16 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.

8-14-03
SPOT 25 SKS @ 3300' W.O.C & TAG @ 3183
PERF @ 1400 SQUEEZE 25 SKS WOC & TAG @ 1186
PER & SQUEEZE @ 400' WOC & TAG @ 160
SPOT 25 SKS 50' 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 8-14-03

TYPE OR PRINT NAME JEFF KESTER

TELEPHONE NO. 915-547-2926

(This space for State Use)

APPROVED BY Chris Williams TITLE _____ DATE SEP 09 2003

CONDITIONS OF APPROVAL, IF ANY: