Submit 3 Copies to Appropriate

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103 Revised 1-1-89

District Office		~ ~~*******	т	
<u>DISTRICT I</u> P.O. Box 1980, Hobbs NM 88241-1980	OIL CONSERVATIO 2040 Pacheco		WELL API NO.	
DISTRICT II	Santa Fe, NM 87505		30 - 025 - 03301 5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210				FEE X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			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 Agreeme EAST PEARL QUEEN UNIT	nt Name
1. Type of Well: OIL GAS WELL GAS WELL WELL	OTHER INJECT.			
2. Name of Operator XERIC_OIL_&_GAS_CORP_			8. Well No. 43	
3. Address of Operator P. JO. Box 352, Midland, TX 79702			9. Pool name or Wildcat PEARL QUEEN	
4. Well Location Unit Letter E : 1980	Feet From The NORTH	Line and 66	0 Feet From The WE	ESTLine
Section 34			nmpm LEA	County
	10. Elevation (Show wheth	er DF, RKB, RT, GR, etc	.)	
11. Check App	propriate Box to Indicate	e Nature of Noti	ce, Report, or Other D	ata
NOTICE OF INTENTION TO: SUB			SEQUENT REPORT C	F:
ERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CAS	SING
EMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING	OPNS. DPLUG AND AB.	ANDONMENT X
ULL OR ALTER CASING		CASING TEST AND CE	MENT JOB	
THER;		OTHER:		
Describe Proposed or Completed Ope work) SEE RULE 1103.	ration(Clearly state all pertinent de		dates, including estimated date of	starting any prop
9-30-03 SPOT 25 SKS @ 4700' W.O.C. PERF @ 1700' SQUEEZE 50 SK PERF @ 150' CIRC 125 SKS T	(S W.O.C. & TAG @ 1566°		18 N	2027
INSTALL P & A MARKER CIRC MUD			nr. 7 201	B 8
	Approved as to plugging Liability under bond is re surface restoration is con	etained until	H- Hot	op (
			-15348	-188
I hereby certify that the information above is tru	ie and complete to the best of my knowle	U		0.00.00
SIGNATURE SIGNATURE	TITL	E CEMENTER	DATE	9-30-03
TYPEOR PRINT NAME JEFF KESTER		11770	TELEPHONE NO. 4	432-547-2926
(This space for State Use)	Day b GC DISTRIC	CT SUPERVISOR/GEN	VERAL MANAGER	
CONDITIONS OF APPROVAL, IF MY:		E	DATE	CT 2 0 2003