

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. 30-025-03303
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. OG-533
7. Lease Name or Unit Agreement Name EAST PEARL QUEEN UNIT
8. Well No. 49
9. Pool name or Wildcat PEARL QUEEN
10. Elevation (Show whether DF, RKB, RT, GR, etc.)

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER INJECTION
2. Name of Operator XERIC OIL & GAS CORP.
3. Address of Operator P. O. Box 352, Midland, TX 79702
4. Well Location Unit Letter J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST Line Section 34 Township 19 S Range 35 E 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:

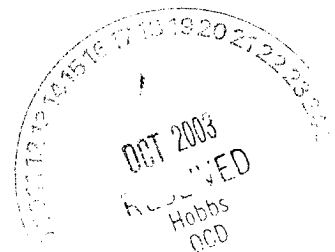
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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

10-8-03
TAG PLUG @ 4636'
PERF @ 1700' SQUEEZE 50 SKS W.O.C. & TAG @ 1561'
PERF @ 150' CIRC 50 SKS TO SURFACE.

INSTALL P & A MARKER
CIRC MUD

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 CEMENTER DATE 10-8-03
TYPE OR PRINT NAME JEFF KESTER TELEPHONE NO. 432-547-2926

(This space for State Use)

APPROVED BY Larry W. Wink
CONDITIONS OF APPROVAL (IF ANY):

OCD DISTRICT SUPERVISOR/GENERAL MANAGER
DATE

OCT 20 2003