Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District 1 Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II	30-025-03240
1301 11. [2] 41. [2] 41. [31. [4] 41. [4] 41. [4]	5. Indicate Type of Lease
1000 Profession No. 97410.	STATE S FEE
District Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	E015870000
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	WEST PEARL QUEEN UNIT
PROPOSALS.)	
1. Type of Well: Oil Well Gas Well Other: Injection	8. Well Number 119
2. Name of Operator	9. OGRID Number
XERIC OIL AND GAS CORP	25482
3. Address of Operator	10. Pool name or Wildcat
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079	PEARL QUEEN
4. Well Location	
Unit Letter I : 1980 feet from the _ S line ande	feet from the E line
Section 29 Township 19S Range 35E	NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3746 GR	
12. Check Appropriate Box to Indicate Nature of Notice	Report or Other Data
12. Check Appropriate Box to indicate Nature of Notice	, Report of Other Data
NOTICE OF INTENTION TO: SUE	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOI	
	_
PULL OR ALTER CASING	NT JOB U
DOWNHOLE COMMINGLE	
OTHER: OTHER: WELL I	
	REPAIR/ MAINTAINANCE
13. Describe proposed or completed operations. (Clearly state all pertinent details, an	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: A or recompletion.	mach wellbore diagram of proposed completion
of recompletion.	
PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT W	DIT
TERFORMED WELL REPAIR/MAINTAINANCE WORK ON THE SUBJECT W	ELL.
SEE ATTACHED DAILY WODVOVED DEDODTS FOR MODE DETAILS	
SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.	
Spud Date:	D' D.L. D.
Spud Date.	Rig Release Date:
I hereby certify that the information above is true and complete to the best of my knowledg	e and belief.
,	
Alt Ol	1.
SIGNATURE Miles Boy TITLE: Authorized Agent	.DATE Nov. 14 2008
Type or print name: Whitney E. Boyd . E-mail address: wboyd@mbake	rcorp.com PHONE: <u>307.763.0209</u> .
For State Use Only	
OC DISTRICT SUPERVISOR/GEN	CKAL MAPONIAN
APPROVED BY: (am) (1) TITLE	DAME NOVA
	DATE MILLY 2 / 2004
Conditions of Approval (if any):	DATE NOV 2 6 200

OPERATOR	
Xeric Oil and Gas Corp	
WELL NAME	
West Pearl Queen # 119	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER

0.00 0.00 0.00 0.00 0.00 0.00

0.50

TOTAL HOURS



REPORT DATE	DAYS SINCE RIG-UP
10/29/2008	
TOUR SHEET NO.	TOTAL DEPTH
	N/A
IG CO & NUMBER	PBTD
	N/A
Page 1 of 2	WELLSITE SUPERVISOR

											N/A				
ounty, State		AFE NUMBE	:R		Daily Completion Report							Page 1 of 2		N/A WELLSITE SUPERVISOR	
port v.5b	······				ı							L			
						PROD	DUCTION	OBJEC	TIVE INF	ORMATIC	NC				
For	mation	Тор	(ft)	Btm (ft)	Csg Size	Csg Type	U-rm Top	U-mı Btm	U-rm Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhance
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RESENT OPER	ATION -					•				DAILY COST		CUMULATIVE CO	ST	AFE COSTS	
								\$	-	s	-	8			
PERATION NEX	T Z4 HOURS -														
							DAILY CO	OMPLET	ON SUM	IMARY					
FROM (hrs)	TO (hrs)	HOURS (hrs)	CODE		DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)										
15:00	15:30	0.50		MIRU, Pate Trucking kill truck, pump into casing 3.0 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi											
		0.00		Test is bad, leaks off 100 psi in 1 mm											
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