

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Roswell, NM 88210  
District III  
1000 Rio Pecos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
June 19, 2008

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. <b>30-025-03240</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>E015870000</b>
7. Lease Name or Unit Agreement Name <b>WEST PEARL QUEEN UNIT</b>
8. Well Number <b>119</b>
9. OGRID Number <b>25482</b>
10. Pool name or Wildcat <b>PEARL QUEEN</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>3746 GR</b>

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 ☐ Gas Well ☐ Other: Injection ☒

2. Name of Operator  
**XERIC OIL AND GAS CORP**

3. Address of Operator  
**14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, TX 77079**

4. Well Location  
Unit Letter **I** : **1980** feet from the **S** line and **660** feet from the **E** line  
Section **29** Township **19S** Range **35E** NMPM **LEA** County

12. 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 ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: WELL REPAIR/ MAINTAINANCE ☒

13. 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJECT WELL.

SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.

Spud Date:

Rig Release Date:

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

SIGNATURE Whitney E. Boyd TITLE: Authorized Agent DATE Nov. 14, 2008

Type or print name: Whitney E. Boyd E-mail address: wboyd@mbakercorp.com PHONE: 307.763.0209

For State Use Only

APPROVED BY: Cam W. Hill TITLE: OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 26 2008

Conditions of Approval (if any):

