Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103					
Office District I	ergy, Minerals and Natural Resources	June 19, 2008					
1625 N. Frence 153 1700 S. N. 88		WELL API NO.					
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-22870					
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEE					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.					
1220 S. St. Fance for Fant Fe M 87505	E081830004						
1	D REPORTS ON WELLS	7. Lease Name or Unit Agreement Name					
(DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION F		WEST PEARL QUEEN UNIT					
1. Type of Well: Oil Well Gas We	OSALS.) pe of Well: Oil Well Gas Well Other:						
2. Name of Operator XERIC OIL AND GAS CORP	\mathcal{J}	9. OGRID Number 25482					
3. Address of Operator		10. Pool name or Wildcat					
14781 MEMORIAL DRIVE, SUITE 175	4 HOUSTON, TX 77079	PEARL QUEEN V					
4. Well Location		A					
Unit Letter D : 5	feet from the N line and 131	5 feet from the W line					
Section 33	Township 19S Range 35E	NMPM LEA County					
	evation (Show whether DR, RKB, RT, GR, etc.						
0/10	OK .						
12. Check Approp	riate Box to Indicate Nature of Notice,	Report or Other Data					
NOTICE OF INTENT	ION TO: SUB	SEQUENT REPORT OF:					
	AND ABANDON REMEDIAL WOR						
_	GE PLANS COMMENCE DR						
PULL OR ALTER CASING MULT	IPLE COMPL ☐ CASING/CEMEN	T JOB					
DOWNHOLE COMMINGLE							
OTHER:		EPAIR/ MAINTAINANCE					
13. Describe proposed or completed ope	erations. (Clearly state all pertinent details, an	d give pertinent dates, including estimated date					
	E RULE 1103. For Multiple Completions: At	tach wellbore diagram of proposed completion					
or recompletion.							
PERFORMED WELL REPAIR /MAINTA	AINANCE WORK ON THE SUBJECT WE	LL.					
SEE ATTACHED DAILY WORKOVER	REPORTS FOR MORE DETAILS						
SEEMITMENED DAID! WORKOVER	REI ONIS FOR MORE DETAILS.						
Spud Date:		n' n l					
Space Date.		Rig Release Date:					
I hereby certify that the information above is	true and complete to the best of my knowledge	and belief.					
CICNATURE ALL CL		4/					
SIGNATURE / Herry & Sog	TITLE: Authorized Agent	DATE Nov. 14, 2008					
Type or print name: Whitney E. Boyd							
For State Use Only	F-mail address: whoud@mbaker	COTD COM DUONE: 207 762 0200					
	. E-mail address: wboyd@mbaker	PHONE: 307.763.0209					
	PETROLEUM ENGIM	•					
APPROVED BY: Conditions of Approval (if any):	E-mail address: wboyd@mbakero PETROLEUM ENGIMENTITLE	NOV 0 4 0000					

OPERATOR	
Xeric Oil and Gas Corp	
WELL NAME	
West Pearl Queen # 163	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER



Daily Completion Report

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

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Report v.5b				_										
					PRO	DUCTION	I OBJEC	TIVE INF	ORMATI	ON				
Form	nation	Тор	ft) Bim (ft)	Csg Size	Csg Type	U-rm Top	U-rm Btm	U-rm Size	Perf Top	Perf Btm	CHARGE	PHASING	SPF	Enhanced
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						OPE	RATION	SUMMAR	₹Y					
PRESENT OPERA	TION -								DAILY COST	-	CUMULATIVE CO	ST	AFE COSTS	
									\$	-	\$	_	\$	-
OPERATION NEXT 24 HOURS -														
PURPOSE & PLAN	OF THIS OPERAT	30N -										-		-
													,	
						DAILY CO	OMPLET	ON SHM	MARY					
						JA11 01	21011-661							
FROM (hrs)	TO (hrs)	HOURS (hrs)	CODE				E	ESCRIPTION	OF DAILY O	PERATIONS (06:0	0 - 06:00 hrs)			
(1113)	(103)	(1113)												

FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME	DESCRIPTION OF DAILY OPERATIONS (86:00 - 06:00 hrs)
12 30	13:00	0.50		MIRU, Pate Trucking kill truck, pump into casing 3.5 bbl inhibitor and biocide, pump up to bleed off air, pressure test casing to 500 psi. test good 10 min(0 le
		0.00		5.5" casing w 5"x2" swedge w valve.
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TOTAL F	IOURS	0.50		