Submit 3 Copies To Appropriate District	ate of New Mexico	Form C-103
Office District I Energy, Mi	nerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO.
District II 1301 W. Grand N. O. Hes?a, 5M 282108 OIL CON	SERVATION DIVISION	30-025-30867
1000 Dis Decree Dd. Artes NM 97410	5. Indicate Type of Lease STATE FEE	
District IV Sa	nta Fe, NM 87505	6. State Oil & Gas Lease No.
1220.S. S. Francis M., Santa Re, NM 8		E081840005
SUNDRY NOTICES AND REPOR		7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT		WEST PEARL QUEEN UNIT
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Ot	her:	8. Well Number 192
2. Name of Operator XERIC OIL AND GAS CORP		9. OGRID Number 25482
3. Address of Operator		10. Pool name or Wildcat
	OUSTON, TX 77079	PEARL QUEEN
4. Well Location		
	om the _S line and _1	
	ship 19S Range 35E	NMPM LEA County
11. Elevation (S 3710 GR	how whether DR, RKB, RT, GR, etc.,	
12 Class Assessment Par	- 4 - Tu - 12 4 - NI - 4 CNI - 42	Daniert er Other Date
12. Check Appropriate Box	to Indicate Nature of Notice,	Report of Other Data
NOTICE OF INTENTION TO	•	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABA		
TEMPORARILY ABANDON CHANGE PLAN	LLING OPNS. P AND A	
PULL OR ALTER CASING MULTIPLE COM	T JOB	
DOWNHOLE COMMINGLE		
OTHER:	OTHER: WELL R	EPAIR/ MAINTAINANCE
13. Describe proposed or completed operations. (
	103. For Multiple Completions: At	tach wellbore diagram of proposed completion
or recompletion.		
PERFORMED WELL REPAIR /MAINTAINANCI	E WORK ON THE SUBJECT WE	ILL.
CHE ATTA CHED DAM VINODUOVED DEDOOR	C EOD MODE DEMAN	
SEE ATTACHED DAILY WORKOVER REPORT	S FOR MORE DETAILS.	
Cond Date:		P. P. I.
Spud Date:		Rig Release Date:
I hereby certify that the information above is true and c	omplete to the best of my knowledge	e and belief.
11.400.		47
SIGNATURE Mittey - Boyt	TITLE: Authorized Agent	.DATE <u>Nov. 14,200</u>
Type or print name: Whitney E. Boyd	. E-mail address: wboyd@mbaker	corp.com PHONE: <u>307.763.0209</u> .
For State Use Only	DISTRICT SUPERVISOR/GENERA	
APPROVED BY:	_TITLE	DATE NOV 2 6 2008
Conditions of Approval (If any):		

OPERATOR	
Xeric Oil and Gas Corp	
WELL NAME	
West Pearl Queen # 192	
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
RIG CO & NUMBER	PBTD
	N/A
Page 1 of 2	WELLSITE SUPERVISOR

County, State	ty, State AFE NUMBER			Daily Completion Report						Page 1 of 2		N/A WELLSITE SUPERVISOR			
leport v.5b		<u> </u>			3									l	
						PRO	DUCTION	OBJEC	TIVE INF	ORMATIC	NC				
Fол	mation	Тор	(ft)	Btm (ft)	Csg Size	Csg Type	U-rm Top	U-rm Btm	U-rm Size	Perf Top	Perf Blm	CHARGE	PHASING	SPF	Enhanced
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RESENT OPERA	ATION -	Pressure	test cas	ing(packer)	1				*****	DAILY COST		CUMULATIVE C	OST	AFE COSTS	
•] \$	-	\$	-	 \$ -	
PERATION NEX	T 24 HOURS -														
							DAILY C	OMPLET	ION SUN	IMARY					
FROM (hrs)	TO (hrs)	HOURS (hrs)	TIME					ε	DESCRIPTION	OF DAILY OF	PERATIONS (06:	00 - 06:00 hrs)			
12:00	12:30	0.50		MIRU, Pat	te Trucking	kill truck, p	ump into ca	asina .5 bbl	inhibitor ar	nd biocade n	ump up to ble	ed off air, pressi	ire test casing to	500 nei teet aa	ood 15 min/0 I
		0.00									amp up to bio	ou on any proces	are test oasing to	o ooo par. teat ge	JOG TO HILLING
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