

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos 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. 30-025-30867
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E081840005
7. Lease Name or Unit Agreement Name WEST PEARL QUEEN UNIT
8. Well Number 192
9. OGRID Number 25482
10. Pool name or Wildcat PEARL QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710 GR

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: ☒

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 **J** : **1330** feet from the **S** line and **1330** feet from the **E** line
Section **28** 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

OC DISTRICT SUPERVISOR/GENERAL MANAGER

APPROVED BY: [Signature] TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE NOV 26 2008

Conditions of Approval (if any):

