Submit 3 Confidence State of New						
District I _ Energy, Minerals and	Natural Resources June 19, 2008 WELL API NO.					
1625 N. French Dr., Nofils N 1985 402008 District II	20.025.02227					
1301 W. Grand Ave., Artesia, NM 88210  District III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Indicate Type of Lease					
1000 Rio Prins Hall Advantage 10 Mg	SIAIE FEE					
District IV Santa Fe, NI 1220 S. St. Francis Dr., Santa Fe, NM 87505	M 87505 6. State Oil & Gas Lease No. E081830004					
SUNDRY NOTICES AND REPORTS ON WE	,					
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN O DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-10 PROPOSALS.)	OI) FOR SUCH					
1. Type of Well: Oil Well Gas Well Other: Injection						
2. Name of Operator  XERIC OIL AND GAS CORP	9. OGRID Number / 25482					
3. Address of Operator	10. Pool name or Wildcat					
14781 MEMORIAL DRIVE, SUITE 1754 HOUSTON, T	X 77079 PEARL QUEEN					
4. Well Location Unit Letter N: 660 feet from the S	line and 1000 feat from the XV line					
Unit Letter N : 660 feet from the S Section 28 Township 19S	line and1980 feet from theW line  Range 35E NMPM LEA County					
11. Elevation (Show whether 3715 GR						
3/13 GR						
12. Check Appropriate Box to Indica	te Nature of Notice, Report or Other Data					
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:					
PERFORM REMEDIAL WORK   PLUG AND ABANDON   REMEDIAL WORK   ALTERING CASING						
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. □ P AND A □					
PULL OR ALTER CASING	CASING/CEMENT JOB					
DOWNHOLE COMMINGLE						
OTHER:	OTHER: WELL REPAIR/ MAINTAINANCE					
13. Describe proposed or completed operations. (Clearly state	e all pertinent details, and give pertinent dates, including estimated date					
or recompletion.	ultiple Completions: Attach wellbore diagram of proposed completion					
or recompletion.						
DEDEADMED WELL DEDAYD (MAAYNIGA INLANGE WADI)	N. WHEN CHID YOU'RE WICK Y					
PERFORMED WELL REPAIR /MAINTAINANCE WORK O	N THE SUBJECT WELL.					
SEE ATTACHED DAILY WORKOVER REPORTS FOR MO	RE DETAILS.					
Spud Date:	Rig Release Date:					
	Rig Release Date.					
I hereby certify that the information above is true and complete to the	ne best of my knowledge and belief.					
1261 10						
SIGNATURE Although By TITLE: A	Authorized AgentDATE Nov. 14,2008					
	dress: wboyd@mbakercorp.com PHONE: 307.763.0209 .					
For State Use Only	CT SUPERVISOR/GENERAL MANAGES DEC 0 0 0000					
APPROVED BY: Chy W, LITLE_	DEC 0 2 2008					
Conditions of Approval (if any):						

OPERATOR	
Xeric Oil and Gas Corp	
WELL NAME	
West Pearl Queen # 125	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER
,,	



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

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County, State	·	AFE NUMBE	ER		Daily Completion Report							Page	1 of 2	WELLSITE SUPERVISOR	
Report v.5b		.1		-	1									<u> </u>	
TOPOTE VIOL						PROD	DUCTION	OBJEC	TIVE INF	ORMATI	ON				
Form	nation	Тор	(ft)	Btm (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	SUMMAI						
PRESENT OPERA	NTION -	Pressure 1	test casi	ng(packer)		1			DAILY COST		CUMULATIVE COST		AFE COSTS		
										\$	-	\$	-	\$	
OPERATION NEX	T 24 HOURS -														* *
PURPOSE & DI AI	N OF THIS OPERA	TION -	-		-	-							<del></del>		
OIL COL LI DE	NO THE OF ER	11014-													
							DAILY C	OMPLET	ON SUM	IMARY					
FROM	TO	HOURS	TIME								DEDATIONS (OF	00.00 bee\	* *		
(hrs)	(hrs)	(hrs)	CODE	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)  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											
10.00	11:30	1.50		MIRU, Pa	te Trucking	kill truck, p	ump into ca	sing 3.5 bl	ol inhibitor a	and biocide,	pump up to ble	eed off air, press	ure test casing t	to 500 psi test g	ood 10 min(0 l
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TOTAL	HOURS	1.50		