Submit 3 Copies To Appropriate District State of New Mexico	Form C-103
Office District I Energy, Minerals and Natural Resour	rces June 19, 2008
1625 N. French 1914-4000s, New 88240	WELL API NO.
District II 1301 W. Grand A. M. Orthrig Allet 88210 OIL CONSERVATION DIVISIO	ON 30-025-03229
District III 1301 W. Grand A. 1 Ontria Not 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Dio Dengas Dd. Artas NM 97410	STATE S FEE STATE
District IV Santa Fe, INIVI 67303	6. State Oil & Gas Lease No.
1220 S. St. Francis II Salari S. 19	E081840005
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	8. Well Number 124
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, TX 77079	PEARL QUEEN
	TEARE COEEN
4. Well Location	
	and1980feet from theEline
Section 28 Township 19S Range	35E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT,	GR, etc.)
3717 GR	
12. Check Appropriate Box to Indicate Nature of N	Notice, Report or Other Data
	,,,,
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIA	AL WORK ALTERING CASING
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMEN	NCE DRILLING OPNS. P AND A
	CEMENT JOB
DOWNHOLE COMMINGLE	
_	
	WELL REPAIR/ MAINTAINANCE
13. Describe proposed or completed operations. (Clearly state all pertinent de	etails, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completi	
or recompletion.	
PERFORMED WELL REPAIR /MAINTAINANCE WORK ON THE SUBJE	ECT WELL.
CEE ATEL CHEED BARRY MODIFICATION PRODUCTION MODELNING	
SEE ATTACHED DAILY WORKOVER REPORTS FOR MORE DETAILS.	
Spud Date:	Rig Release Date:
	rdg release Date.
I hereby certify that the information above is true and complete to the best of my kn	11 11 2 6
Thereby certify that the information above is true and complete to the best of my kn	lowledge and belief.
111	
SIGNATURE The Land Signature Authorized Ager	DATE AL 111 acres
THEE. AdditionZett Age:	nt
Type or print name: Whitney E. Boyd . E-mail address: wboyd@	mhakercorn com PHONE, 207 762 0200
For State Use Only	
OC DESTRICT SUPERVISORA	General Manages
APPROVED BY: TITLE	DATE DEC 0 2 2008
Conditions of Approval (if any).	DATEDATEDATE
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Xeric Oil and Gas Corp)
WELL NAME	
West Pearl Queen # 124	
LEGAL LOCATION	API NUMBER
County, State	AFE NUMBER
Report v.5b	

0 00 0.00 0.00 0.00 0 00 0.00 0 00 0.50

TOTAL HOURS



Daily Completion Report

	<u> </u>
TOUR SHEET NO.	TOTAL DEPTH
	N/A
RIG CO & NUMBER	PBTD
	N/A
Page 1 of 2	WELLSITE SUPERVISOR

					-4										
Report v.5b						PRO	DUCTION	OBJEC	TIVE INF	ORMATI	ON				
	mation	Тор	(61)	Btm (ft)	Csg Size	Csg Type			U-mı Size		Perf Btm	QUARAF	PULLOPIO		
For	mation	гор	(11)	Bum (π)	Csg Size	Csg Type	U-m lop	U-mn Bun	U-mi Size	Perf 1 op	Pert Stm	CHARGE	PHASING	SPF	Enhanced
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RESENT OPER	ATION -									DAILY COST		CUMULATIVE CO	ST	AFE COSTS	
										\$	_	\$	-	\$	
PERATION NEX	T 24 HOURS -												-		
JRPOSE & PLA	N OF THIS OPERA	TION -													
							DAILY C	OMPLET	ION SUM	IMARY					
FROM	TO	HOURS	TIME	DESCRIPTION OF DAILY OPERATIONS (06:00 - 06:00 hrs)											
(hrs) 12:30	(hrs) 13:00	(hrs) 0.50		MIDIL Da											
12.30	13.00	0.00	 	E E" eccip	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 leading to 500 psi.)										
	 	0.00	-	5.5 Casin	5.5" casing w 5"x2" swedge w valve.										
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