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Submit 3 Copies To Appropriate District	State of	f New Ma	vico	. •	
Office District [State of New Mexico Energy, Minerals and Natural Resources			Form C-103	
1625 N. French Dr., Hobbs, NM 87240 District II	~	, mr. 1 4060	am resources	WELL API NO	Revised March 25, 19
811 South First, Artesia, NM 87210	OIL CONSER	VATION	DIVISION	30	-025-30861
District III 1000 Rio Brazos Rd., Aztec, NM 87410	2040 South Pacheco			5. Indicate Type of Lease	
District IV	Santa Fe, NM 87505			STATE T FEE	
2040 South Pacheco, Santa Fe, NM 87505	040 South Pacheco, Santa Fe, NM 87505			6. State Oil &	Gas Lease No.
SUNDRY NOTIC	ES AND REPORTS C	N WELLS		7 Lease Name	E-8183 or Unit Agreement Nam
(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:				Tous Nume	or Ome Agreement Nam
Oil Well				West Pearl Queen Unit	
. Name of Operator Xeric Oil & Gas Corporation				8. Well No.	
. Address of Operator P. O. Box 352				191	
Midland TV 70702				9. Pool name o	r Wildcat L Queen
4. Well Location				rear.	r Anseu
Unit Letter M .	1310 feet from the	South	1	1210	
	ica irom the		line and	1310 feet f	rom the <u>West</u> lin
Section 28	Township	198 Ra	nge 35E	NMPM Lea	County
	10. Elevation (Show	whether DF	R, RKB, RT, GR, e	(c.)	
11. Check A	opropriate Box to Iv	dicata Na	tuma af Madian	D	
NOTICE OF INT	POPIAL DOX LOTE	Micale Ma	lute of Notice,	Report or Othe	r Data
PERFORM REMEDIAL WORK	PLUG AND ABANDO	и 🗆	REMEDIAL WOR	SSEQUENT R	
				. —	ALTERING CASING
TEMPORARILY ABANDON	.CHANGE PLANS	. 🖸	COMMENCE DE	RILLING OPNS. [
PULL OR ALTER CASING (X)	LL OR ALTER CASING MULTIPLE CASING TEST CEMENT JOB			ND _	ABANDONMENT]
OTHER:			OTHER:		
12. Describe proposed or complete of starting any proposed work). or recompilation.	d operations. (Clearly : SEE RULE 1103. For	state all per Multiple C	tinent details and	give pertinent date ch wellbore diagra	s, including estimated da m of proposed completion
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1. Notify NMOC			•	•	23456789
2. TOH W/rods &	_	•			//
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3. Set CIBP @ 4					18
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3. Set CIBP @ 4 4. Test as per NN THE COMMISSION A HOURS PRIOR TO PLUCCING OPERATIO	MOCD guidelines of the BECHNING O	& request 24 OF		•	18
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3. Set CIBP @ 4 4. Test as per NN THE COMMISSION A HOURS PRIOR TO THE PLUCCING OPERATION TO BE APPROVED.	MOCD guidelines of the BECINNING CONS FOR THE C-10	& reques	t TA status.	da 31 - 31 - A	18
3. Set CIBP @ 4 4. Test as per NN THE COMMISSION A HOURS PRIOR TO PLUGGING OPERATION TO BE APPROVED. I hereby certify that the information	MOCD guidelines of the BECINNING CONS FOR THE C-10	& reques	t TA status.	dge and belief.	18
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3. Set CIBP @ 4 4. Test as per NN THE COMMISSION A HOURS PRIOR TO THE PLUCCHIC OPERATION TO BE APPROVED. I hereby certify that the information SIGNATURE Quarter Angle Crawfor	MOCD guidelines of the BECHNING CONS FOR THE C-10 above is true and comp	& request 24 Of 3 Section 13	est of my knowle	Analyst	DATE 2/10/04
3. Set CIBP @ 4 4. Test as per NN THE COMMISSION A HOURS PRIOR TO PLUCCING OPERATION TO BE APPROVED. I hereby certify that the information SIGNATURE Angie Crawfor Type or print name	MOCD guidelines of the BECHNING CONS FOR THE C-10 above is true and comp	& request 24 Of 3 Section 13	t TA status.	Analyst	Coops ED
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