

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO. 30-025-30867
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. E-8184
7. Lease Name or Unit Agreement Name: West Pearl Queen Unit
8. Well No. 192
9. Pool name or Wildcat Pearl Queen

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.)

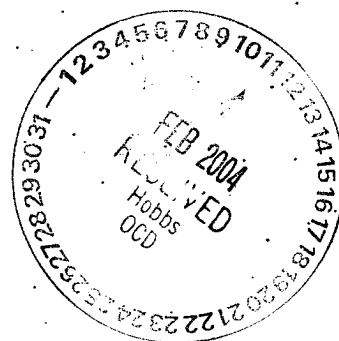
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐	2. Name of Operator Xeric Oil & Gas Corporation
3. Address of Operator P. O. Box 352 Midland, TX 79702	4. Well Location Unit Letter J : 1330 feet from the South line and 1330 feet from the East line Section 28 Township 19S Range 35E NMPM Lea County
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

11. 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 COMPLETION ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐ CASING TEST AND CEMENT JOB ☐ OTHER: ☐

12. 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 recompilation.

1. Notify NMOCD.
2. TOH W/rods & tbg.
3. Set CIBP @ 4500' and dump 20' cement on top.
4. Test as per NMOCD guidelines & request TA status.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angie Crawford TITLE Production Analyst DATE 2/10/04
Type or print name Angie Crawford ACrawford@xericcoil.com 432-683-3171
(This space for State use) Telephone No.

APPROVED BY Gayle W. Wink TITLE _____ DATE _____
Conditions of approval, if any:

OC FIELD REPRESENTATIVE II/STAFF MANAGER

FEB 17 2004