Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resources OIL CONSERVATION DIVISION 2040 South Pacheco		Form C-103 Revised March 25, 1999	
1625 N. French Dr., Hobbs, NM 87240 District II			WELL API NO.	
811 South First, Artesia, NM 87210			30-041-10126	
District III			5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM	87505	STATE FEE	
2040 South Pacheco, Santa Fe, NM 87505			6. State Oil & Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR. USE "APPLICATI PROPOSALS.)	S AND REPORTS ON WELL S TO DRILL OR TO DEEPEN OR I ON FOR PERMIT (FORM C-101)	PLUG BACK TO A	7. Lease Name or Unit Agreement Name:	
1. Type of Weil: Oil Weil Gas Weil	Other Injection	on	Horton Federal	
2. Name of Operator	Ouici Injecti	OII	8. Well No.	
Xeric Oil & Gas Corporati	on		#1	
3. Address of Operator			9. Pool name or Wildcat	
PO Box 352 Midland, Tex	as 79702		Milnesand San Andres	
4. Weil Location				
Unit Letter D : 330' feet from the North line and 330' feet from the West line				
Section 30	Township 85 R	lange 35E	NMPM CountyRoosevelt	
	Elevation (Show whether L			
4233 GR				
11. Check Appro	priate Box to Indicate N	lature of Notice, R	eport or Other Data	
NOTICE OF INTEN	ITION TO:		EQUENT REPORT OF:	
PERFORM REMEDIAL WORK 🖾 PLL	JG AND ABANDON 🔲	REMEDIAL WORK	☐ ALTERING CASING ☐	
TEMPORARILY ABANDON CHA	ANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT		
	LTIPLE MPLETION	CASING TEST AND CEMENT JOB		
OTHER:		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. MIRU PU 2. Unseat packer & pull 2 3/8" tubing 3. Redress or replace packer 4. TIH w/packer and tubing, testing tubing to 5,000PSI below the slips 5. Set packer 50' above top perfs				
6. Load backside with KCL water and corrosion inhibitor and pressure test. If OK nipple				
up well and RDMO PU				
7. Contact NMOCD to witness MIT (give 24 hr advance notice)				
8. Pressure test per NMOCD regulations				
9. Return well to water injection				
9. Return well to water injection RECEIVED 124 OCD ARTESIA 155 RECEIVED 255 RECEIV				
OCD ARTECIA BY				
		15	ASIA ASI	
hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE BLEWON Y	TITLE S.	enior Productio	n Analyst DATE 6/14/01	
Type or print name Glenda Hunt			915-683-3650 Telephone No.	
This space for State use)		ORGANIA ST	Telephone No.	
•		681111 ma		
APPPROVED BY Conditions of approval, if any:	TITLE		DATEDATEDATE	
runnustraus wa sopythu tello 14 maj ,				