

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO.

30-025-00396

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

E-6419

7. Lease Name or Unit Agreement Name

Mesa Queen Unit

8. Well No.

#6

9. Pool name or Wildcat

Mesa Queen Assoc.

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 Water Injection Well

2. Name of Operator

Xeric Oil & Gas Corporation

3. Address of Operator

PO Box 352 Midland, Texas 79702

4. Well Location

Unit Letter E : 1980 Feet From The North Line and 660 Feet From The West Line

Section 16

Township 16S

Range 32E

NMPM

Lea

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

4349' DF

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 ☐

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.

1. Rig up pulling unit
2. Nipple down injection head
3. Nipple up 5000 psi BOP's
4. Unseat packer & pull 3326' of 2 3/8" tubing
5. Redress or replace packer
6. TIH with tubing, set packer @ 3296' and load backside with treated water
7. Contact NMOCD to witness pressure test (give 24 hr advance notice)
8. Pressure test to 300 # for 15 mins. recording results on chart
9. Nipple down BOP's
10. Nipple up injection head
11. Rig down pulling unit
12. Return well to water injection

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

SIGNATURE

Glenda Hunt

TITLE

Senior Production Analyst

DATE

11/5/99

TYPE OR PRINT NAME

Glenda Hunt

(915) 683-3650

TELEPHONE NO.

(This space for State Use) ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: