

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Enr. 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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.
311-025-20123

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
OG-6014

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)

7. Lease Name or Unit Agreement Name

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER Water Injector

Mesa Queen Unit

2. Name of Operator
Xeric Oil & Gas Company

8. Well No.
14

3. Address of Operator
P.O. Box 51311, Midland, TX 79710

9. Pool name or Wildcat
Mesa Queen Associated

4. Well Location

Unit Letter L : 2310 Feet From The South Line and 660 Feet From The West Line
Section 16 Township 16S Range 32E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, CR, etc.)
4359' 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 Requested info on injector ☒

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. No repairs were initially needed or made to the wellbore to bring this well into a satisfactory condition for use as an injector.
2. The tubing size is 2 3/8".
3. The packer setting depth is 3350'.
4. Date of first injection was February of 1992.

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

SIGNATURE Kevin K. Gafford TITLE Operations Manager DATE 9-30-93

TYPE OR PRINT NAME Kevin K. Gafford

TELEPHONE NO. 9156833171

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 04 1993

RECEIVED

SEP 01 1993

U.S. HOBBBS
OFFICE