Submit 3 Copies To Appropriate District Office	State of Lien Meyico			Form C-103		
District I 1625 N. French Dr., Hobbs, NM 87240	District Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 87240			Revised March 25, 1999 WELL API NO.		
District II 811 South First, Ariesia, NM 87210 OIL CONSERVATION DIVISION				30-035-20321		
District III	District III 2040 South Pacheco				5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aziec, NM 87410 District IV Santa Fe, NM 87505				STATE X FEE		
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & C	Gas Lease No.	
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLI PROPOSALS.) 1. Type of Weil:	CATION FOR PERMIT* (FO	EPEN OR I RM C-101)	PLUG BACK TO A FOR SUCH	7. Lease Name o	r Umit Agreement Name:	
Oil Well Gas Well Other Water injection well 2. Name of Operator				Mesa Queen Unit		
Xeric Oil & Gas Corporation				8. Weil No.		
3. Address of Operator		1 11,15		9. Pool name or V	Vildcat	
PO Box 352 Midland,	Texas 79702			Mesa Queen	Associated	
4. Weil Location						
Unit Letter H :	1880 feet from the	North	line and	990 feet from	the <u>East</u> line	
Section 16						
Section 16	Township 1			NMPM	County Lea	
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 4341 DF						
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INT	TENTION TO:		•	ÉQUENT REP		
PERFORM REMEDIAL WORK	PLUG AND ABANDON		REMEDIAL WORK		ALTERING CASING	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DRILL		PLUG AND ABANDONMENT	
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST AND CEMENT JOB			
OTHER:			OTHER:			
12. Describe proposed or completed	i operations. (Clearly sta	te all per		e pertipent dates, in	cluding estimated date	
of starting any proposed work). or recompilation.	SEE RULE 1103. For M	Iultiple C	ompletions: Attach w	ellbore diagram of	proposed completion	
l. MIRU PU						
2. Unseat packer & pull 3365' of 2 3/8" tubing.						
3. Redress or replace packer.						
4. TIH w/tubing testing to 5000 PSI below the slips.						
5. Set packer @ 3330' and load backside with packer fluid and pressure test. If OK nipple up well and RDMO PU.						
6. Contact NMOCD to witness pressure test (give 24 hr advance notice).						
7. Pressure test per NMOCD regulations.						
8. Return well to water injection.						
I hereby cer: Ty that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE DUM ON	Thunt T	ITLE S	enior Production	on Analyst F	NATE 6/12/01	
	· · · · · · · · · · · · · · · · · · ·				3-3650	
Type or print name Glenda Hun	t	·····	· · · · · · · · · · · · · · · · · · ·	Telephon	e No.	
(This space for State use)			1.44		P1H 6 0 2001	
APPPROVED BY	TT	TLE			ქეს ღე 200€ ATE	
Conditions of approval, if any:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AIE	

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