

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. 30-025-20327

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-8160

7. Lease Name or Unit Agreement Name

Mesa Queen Unit

8. Well No. 5

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
P O Box 352 Midland, TX 79702

4. Well Location
Unit Letter H : 2310 Feet From The North Line and 330 Feet From The East Line
Section 17 Township 16S Range 32E NMPM Lea County

10. Elevation (Show whether DF, 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 ☐
OTHER: Re-instate TA status ☐

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. Contact NMOCD to witness pressure test (give 24 hr advance notice).
2. Nipple up to injection head with kill truck.
3. Circulate casing with treated water.
4. Pressure test to 500# for 30 minutes recording results on chart.
5. Nipple down injection head from kill truck.
6. Re-instate Temporarily Abandon Status.

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

SIGNATURE RC Barnett TITLE President DATE 12-14-99

TYPE OR PRINT NAME RC Barnett TELEPHONE NO. 915-683-31

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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