

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-20449

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
E-8454

7. Lease Name or Unit Agreement Name:

Mesa Queen Unit

8. Well No.

#2

9. Pool name or Wildcat

Mesa Queen Associated

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 B : 660 feet from the North line and 1980 feet from the East line

Section 16 Township 16S Range 32E NMPM County Lea

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
4345' RKB

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 ☐ MULTIPLE COMPLETION ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. 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 at 3340' 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 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 6/13/01

Type or print name Glenda Hunt

915-683-3650
Telephone No.

(This space for State use)

APPROVED BY _____ TITLE _____ DATE JUN 27 2001

Conditions of approval, if any: