

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 2068
Santa Fe, New Mexico 87504-2088

WE... API NO.	30-025-20585
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-8310

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 J : 2310 Feet From The South Line and 2310 Feet From The East Line
Section 16 Township 16S Range 32E NMMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
4340' GL

7. Lease Name or Unit Agreement Name

Mesa Queen Unit

8. Well No. 16

9. Pool name or Wildcat
Mesa Queen Assoc.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Re-instate TA status <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- Contact NMOCDD to witness pressure test (give 24 hr advance notice.)
- Nipple up to injection head with kill truck.
- Circulate casing with treated water.
- Pressure test to 500# for 30 minutes recording results on chart.
- Nipple down injection head from kill truck.
- 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. 915-683-371

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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