

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.

30-025-23483

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Mesa Queen Unit

8. Well No. 25

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 N : 1650 Feet From The West

Line and 990

Feet From The South

Line

Section 16

Township 16S

Range 32E

NMMPM

Lea

County

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

4345' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☒

PLUG AND ABANDON ☐

REMEDIAL WORK ☐

ALTERING CASING ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

COMMENCE DRILLING OPNS. ☐

PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. Rig up pulling unit
2. Nipple down injection head.
3. Nipple up 5000 psi BOP's.
4. Unseat packer & pull 3433' of 2 3/8" tubing.
5. Redress or replace packer.
6. TIH with tubing, set packer @ 3400' and load backside with treated water.
7. Contact NMOC to witness pressure test (give 24 hr advance notice).
8. Pressure test to 300# for 15 minutes recording results on chart.
9. Nipple down BOP's.
10. Nipple up injection head.
11. Rig down pulling unit
12. Return well to water injection.

No pressure Drop For 15 MIN,
10% or less DROP FOR 30 MIN.

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. 915-683-310

(This space for State Use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

✓