|  | •  |                          |   |
|--|--|--------------------------|---|
| Submit 3 Copies To Appropriate District  | State of New Mex                                     | ico                      |   |
| District I   | Energy, Minerals and Natural Resources               |                          | Form C-103<br>  |
| 1625 N. French Dr., Hobbs, NM 87240<br>District II   |  |                          | L API NO.   |
| 811 South First, Artesia, NM 87210   | h First, Artesia, NM 87210 OIL CONSERVATION DIVISION |                          | -025-03175  |
| District III<br>1000 Rio Brazos Rd., Aztec, NM 87410   | 2040 South Pacheco                                   |                          | adicate Type of Lease   |
| District IV  | Santa Fe, NM 87505                                   |                          | STATE FEE XX  |
| 2040 South Pacheco, Santa Fe, NM 87505   |  | 6. 5                     | State Oil & Gas Lease No.   |
| SUNDRY NOTICI  | S AND REPORTS ON WELLS                               | 7.10                     | ease Name or Unit Agreement Name:   |
| (DO NOT USE THIS FORM FOR PROPOSA<br>DIFFERENT RESERVOIR. USE "APPLICA"<br>PROPOSALS)                              | S TO DRILL OR TO DEEPEN OR PLUG                      | BACK TO A                | Auto Hume of Onit Agreement Name:   |
|  | FORM C-101) FOR                                      |                          |   |
| 1. Type of Well:<br>Oil Well 🖸 Gas Well 🔽  | Other Injection                                      | La                       | st Pearl Queen Unit   |
| 2. Name of Operator  | Other Injection                                      |                          |   |
| Xeric Oil & Gas Corporation  |  | 8. W                     | ell No.   |
| 3. Address of Operator P. O. Box 352   |  |                          | 1<br>ool name or Wildcat  |
| 4. Well Location Midland, TX 79702   |  |                          | arl_Queen   |
| 4. Well Location   |  |                          |   |
| Unit Letter N :  | 660 <b>feet from the</b> South                       |                          |   |
|  | 660 feet from the South                              | line and1980             | feet from theline   |
| Section 21   | Township 195 Rang                                    | e 35E NMP                |   |
|  | 0. Elevation (Show whether DR,                       | RKB. RT. GR. etc.)       | M Lea County  |
|  | 3767' DF   |                          |   |
| II. Check App  | ropriate Box to Indicate Natur                       | re of Notice, Report     | or Other Data   |
| PERSONN REVENUE OF INTENTION TO: SUBS  |  |                          | JENT REPORT OF:   |
|  |  | EMEDIAL WORK             | ALTERING CASING   |
|  | HANGE PLANS  | OMMENCE DRILLING (       |   |
| PULL OR ALTER CASING   |  | ASING TEST AND           |   |
| Ċ  | OMPLETION  | EMENT JOB                |   |
| OTHER:   |  | ·                        | · · · ·   |
| 12. Describe proposed or completed   |  | THER: MIT                | X   |
| <ol> <li>Describe proposed or completed of<br/>of starting any proposed work). So<br/>or recompilation.</li> </ol> | 3E RULE 1103. For Multiple Con                       | ipletions: Attach wellbo | inent dates, including estimated date<br>ore diagram of proposed completion   |
|  |  |                          |   |
|  |  |                          |   |
| A MIT was performed  | l on this well 2/20/02. The                          | casing was pressure      | ed to 600 PSI over a  |
| 30 minute period. Th   | e test was deemed successfu                          | I. The chart is atta     | ched. Request TA  |
| Status.  | · · · ·  | ,                        |   |
|  |  |                          |   |
|  |  |                          | χ.α <u>κ</u> "  |
| •  | This Approv  | al of Temporary          |   |
|  | Abandonment  | Expires                  | 430/07  |
|  |  |                          | and the second se |
|  |  |                          |   |
| Lippolar and C. d. et al.  |  |                          | . •   |
| I hereby certify that the information abo  | ve is true and complete to the best                  | of my knowledge and b    | elief.  |
| SIGNATURE Unger  |  |                          | 7/26/02   |
| Angie Crawford   |  | roduction Analy          | SCDATE  |
| Type or print name   | ~  |                          | 915-683-3171  |
| (This space for State use)   |  |                          | Telephone No.   |
| A PDD OVED DV  | Cate and a   |                          |   |
| APPPROVED BY<br>Conditions of approval, if any:  |  | State in the             | DATE  |
| conditions of approval, II any:  | OC BELCHER   | 截                        |   |
|  | CALL Rep   | RESENTATIVE LUSTAI       | FE MANTA OF   |
|  |  |                          | FEMANAGER   |

5 C S

