

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. 30-025-03177

5. Indicate Type of Lease  
STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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

2. Name of Operator  
Xeric Oil & Gas Company

3. Address of Operator  
P.O. Box 51311, Midland, TX 79710

4. Well Location  
Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line  
Section 22 Township 19-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)  
3791 KB

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: ☐

### 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.

The subject well has 8 5/8" surface casing set at 167' cemented to surface and 4 1/2" casing set at 5049' top of cement is estimated to be at 3694'

It is suspected that the 4 1/2" casing is leaking at 77' from surface. Plugging is anticipated to begin immediately upon approval of this procedure:

1. Move in and rig-up pulling unit. Pull 2 3/8 tubing out of hole.
2. Set CIBP at approx 4750 (top of Penrose). Cap w/ 35 sx cement.
3. Perforate 4 1/2" csg at 400 --squeeze/circ. cement to surface.
4. Set 15 sx cement plug at surface.
5. Install dry hole marker.

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

SIGNATURE Randall Capps TITLE Owner DATE 5/15/91  
TYPE OR PRINT NAME Randall Capps TELEPHONE NO. 915-683-31

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAY 20 1991