	lew Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 87240 Energy, Minerals and Natural Resources		Revised March 25, 1000
District II		WELL API NO. 30-025-03183
811 South First, Artesia, NM 87210         OIL CONSERVATION DIVISION           District III         2040.0         1		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec. NM 87410 2040 South Pacheco		
District IV Santa Fe, NM 87505 2040 South Pacheco, Santa Fe, NM 87505		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:		7. Lease Name or Unit Agreement Name:
Oil Well Gas Well Other  2. Name of Operator		East Pearl Queen Unit
Xeric Oil & Gas Corporation		8. Well No. 7
3. Address of Operator P. O. Box 352		9. Pool name or Wildcat
4. Well Location Midland, TX 79702		Pearl Queen
Unit Letter J : 1980 feet from the <u>South</u> line and <u>1980</u> feet from the <u>East</u> line		
Section 22 Township 19S Range 35E NMPM Lea County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		
3749 DF		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK D PLUG AND ABANDON [		BSEQUENT REPORT OF:
		DRK ALTERING CASING
PULL OR ALTER CASING DULTIPLE COMPLETION	CASING TEST CEMENT JOB	
OTHER:	OTHER:	MIT
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 recompilation.		
or recompnation.		
		<b>)</b>
A MIT was performed on this well $2/19/02$ . The casing was pressured to 500 PSI over a		
30 minute period. The test was deemed s	successful. The cha	urt is attached. Request TA
Status.		- Hobbs
Abandonment Expires 77007		
ADDITIONALLE CAPITES 1130101		
I hereby certify that the information above is true and complete	to the hert of my knowl	
SIGNATURE Marce Claugord TITLE Production Analyst DATE 7/26/02		
Angie Crawford C		915-683-3171
(This space for State use)		Telephone No.
APPPROVED BY ORIGIN	ALESIGNED BY	DATE 3
Conditions of approval, if any:		
A A REAL STATE AND A STATE AND		