

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
811 South First, Artesia, NM 87210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.
30-025-03185

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name:

East Pearl Queen Unit

8. Well No.

9

9. Pool name or Wildcat

Pearl Queen

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 ☐ Injection

2. Name of Operator

Xeric Oil & Gas Corporation

3. Address of Operator

P. O. Box 352
Midland, TX 79702

4. Well Location

Unit Letter L : 1980 feet from the South line and 660 feet from the West line

Section 22 Township 19S Range 35E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3753' DF

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 ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

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.

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 successful. The chart is attached. Request TA Status.

This Approval of Temporary
Abandonment Expires 7/30/07

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

SIGNATURE Angie Crawford TITLE Production Analyst DATE 7/26/02

Type or print name Angie Crawford 915-683-3171
Telephone No.

(This space for State use)

APPROVED BY

Conditions of approval, if any:

TITLE

ORIGINAL SIGNED BY

CALVIN WILK

NO FIELD REPRESENTATIVE N/STATE N/STATE

DATE 8-3-02

