Submit 3 Copies To Appropriate District State of Nov. Mov.	
Office State of New Mex Energy, Minerals and Natural	roin C-103
1625 N. French Dr., Hobbs, NM 87240 District II	al Resources Revised March 25, 1999 WELL API NO.
811 South First, Artesia, NM 87210 OIL CONSERVATION	DIVISION 30-025-03213
District III 2040 South Pache 1000 Rio Brazos Rd., Aztec, NM 87410	1 0-1
District IV Santa Fe, NM 875 2040 South Pacheco, Santa Fe, NM 87505	505 STATE ST
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUC	7. Lease Name or Unit Agreement Name:
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	SUCH
1. Type of Well:	
Oil Well Gas Well Other  2. Name of Operator	
Xeric Oil & Gas Corporation	8. Well No.
3. Address of Operator P. O. Box 352	9. Pool name or Wildcat
4. Well Location Midland, TX 79702	Pearl Queen
Unit Letter I: 1980 feet from the South line and 660 feet from the East line	
Section 27 Township 19S Range 35E NMPM Lea County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUPSECUENT DEPOSIT OF
DEDCODM DEMCOMM INCOMM CT	SUBSEQUENT REPORT OF: REMEDIAL WORK   ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS. PLUG AND
PULL OR ALTER CASING  MULTIPLE	CASING TEST AND ABANDONMENT
	CEMENT JOB
OTHER:	OTHER: MIT
12. Describe proposed or completed operations. (Clearly state all pertinent details and discontinuous)	
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion	
A MIT C 1 11 11 7/10/02 T1 1 1 500 PCI	
A MIT was performed on this well 7/10/02. The casing was pressured to 580 PSI over a 30 minute period. The test was geemed successful. The chart is attached. Request TA	
Status.	
Status.	
- Daving Mont Suppress 7/30/07	
7/25/57	
	1130/01
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE TITLE Production Analyst DATE 7/26/02	
Angie Crawford Type or print name	
Type or print name  915-683-3171  (This space for State use)  915-683-3171  Telephone No.	
APPPROVED BY TITLE Conditions of approval, if any:	DATE
JUL 3 - 22.22	