

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. 30-025-30852
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-6005
7. Lease Name or Unit Agreement Name Unocal State
8. Well No. 1
9. Pool name or Wildcat Pearl (Queen)
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3711'

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Xeric Oil & Gas Company
3. Address of Operator P. O. Box 51311, Midland, TX, 79710

4. Well Location Unit Letter J : 1650 Feet From The South Line and 1650 Feet From The East Line Section 36 Township 19-S Range 34-E NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>
	OTHER: perforate <input checked="" type="checkbox"/>

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.

Drilled 12 1/4" hole; set 8 5/8" casing at 1820' with 935 sx until circulated.* Drilled 7 7/8" hole; set 5 1/2" to 5000' (T.D.) with 875 sx (est. TOC 2500'). WOC 24 hrs., pres. test to 1000# for 30 mins.; held O.K.. Perforated 4611, 4612, 4 SPF. Completed natural.

Min WOC - 18 HRS
** 8 5/8" - woc 12 hrs; pres. tested to 500# for 30 min;*

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

SIGNATURE Greg McCabe TITLE Partner DATE 4-26-90
TYPE OR PRINT NAME Greg McCabe (915) TELEPHONE NO. 683-3171

(This space for Signature)
ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 9 1990