| ubmit 3 Copies To Appropriate District Mice | State of New Mex | | 1 | Form C-103 Revised March 25, 1999 | |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Nistrict I | Energy, Minerals and Natura | l Resources | ELL API NO. | Keviseu Maich 23, 1999 | |
| 625 N. French Dr., Hobbs, NM 87240 District II | OIL CONSERVATION I | оплатом | 30-025- | | |
| 11 South First, Artesia, NM \$7210 OIL CONSERVATION DIVIDION istrict III 2040 South Pacheco | | | 5. Indicate Type of Lease | | |
| 000 Rio Brazos Rd., Aztec, NM \$7410 Santa Fe NM 87505 | | | 6. State Oil & Gas Lease No. | | i |
| District IV 2040 South Pacheco, Santa Fe, NM \$7505 | Dunia 10, 1111 010 | 6. | E-5838 | | |
| | ES AND REPORTS ON WELLS | 7 | | nit Agreement Name: | |
| (DO NOT USE THIS FORM FOR PROPOSA | ALS TO DRILL OR TO DEEPEN OR PLUK | G BACK TO A | | - | Ì |
| DIFFERENT RESERVOIR. USE "APPLICATION PROPOSALS.) | ATION FOR PERMIT" (FORM C-101) FOR | (SUCH | East Pearl | Queen Unit | 1 |
| 1. Type of Well: | | | | | |
| OK C | Other | | W-HNI. | | } |
| 2. Name of Operator Xeri | c Oil & Gas Corporation | n 8 | s. Well No. 8 | 2 | |
| 3. Address of Operator P. C | • | Pool name or Wi | idcat | 1 | |
| Midl | | Pear1 | Queen | ↓ . | |
| 4. Well Location | | | | | |
| Unit Letter K | 1500 feet from the South | line and1 | 410 feet from | the West line | Ì |
| | | | | | |
| Section 27 | Township 19S Ra | D | | County NM | |
| | 10. Elevation (Show whether DI 3721 GR | ς KKB, KI, GK, εκ.) | | | 4 |
| 11. Check A | Appropriate Box to Indicate N | ature of Notice, R | eport or Other I |)ata | - |
| NOTICE OF IN | | SUBS | EQUENT REP | ORT OF: | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | REMEDIAL WORK | | ALTERING CASING C | ٤ |
| TEMPORARILY ABANDON | CHANGE PLANS | COMMENCE DRILL | LING OPNS. | PLUG AND ABANDONMENT | כ |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | CASING TEST AND CEMENT JOB | o 🗆 | | |
| ATHER | <u> </u> | OTHER Retu | rn to Produc | tion 5 | x) |
| OTHER: | ted operations. (Clearly state all pe | | | <u> </u> | _ |
| of starting any proposed work or recompilation. | c). SEE RULE 1103. For Multiple | Completions: Attach | wellbore diagram | of proposed completion | .• |
| 4/20/02 P | fa | 1 11. | • | | |
| | formed remedial work. Reta | arned well to pro | duction. | | |
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| | ll tested for 24 hrs making 1 | | | 12 2 h | - |
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| | | | | | 7 |
| We | ll tested for 24 hrs making 1 | BOPD, 118 BW | /PD, no gas. | A Care and a care a car | |
| I hereby certify that the informat | ion above is true and complete to the | BOPD, 118 BW | PD, no gas. | 7/21/02 | , |
| I hereby certify that the informate SIGNATURE | ion above is true and complete to the | BOPD, 118 BW | PD, no gas. | DATE 7/31/02 | |
| I hereby certify that the informate SIGNATURE Angle Oraw | ion above is true and complete to the | BOPD, 118 BW | PD, no gas. | | |
| I hereby certify that the informate SIGNATURE Angle Craws | ion above is true and complete to the | e best of my knowled Production | PD, no gas. Ige and belief. Analyst Tele | DATE7/31/02 | · |
| I hereby certify that the informate SIGNATURE Angie Craw Type or print name (This space for State use) | ion above is true and complete to the | BOPD, 118 BW best of my knowled Production ORIGINAL | PD, no gas. Ige and belief. Analyst Tele L SIGNED BY | ephone No. | • • • • • • • • • • • • • • • • • • • |
| I hereby certify that the informate SIGNATURE Angie Or aw Type or print name (This space for State use) APPPROVED BY | ion above is true and complete to the | BOPD, 118 BW Production ORIGINAL | Ige and belief. Analyst Tele L SIGNED BY F KAUTZ | | |
| I hereby certify that the informate SIGNATURE Angie Craw Type or print name (This space for State use) | ion above is true and complete to the | BOPD, 118 BW Production ORIGINAL | PD, no gas. Ige and belief. Analyst Tele L SIGNED BY | ephone No. | ?- ?- |