Submit 3 Copies To Appropriate District Office State of New Mexico	
Office State of New Mexico District I Energy, Minerals and Natural Resources	Form C-103
1023 14. Fleticit Dr., 10005, NM 8/240	WELL API NO.
District II \$11 South First, Artesia, NM \$7210 District III OIL CONSERVATION DIVISION	30-025-03241
1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pacheco	5. Indicate Type of Lease
District IV 2040 South Pacheco, Santa Fe, NM 87505 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
	E-1587
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)	7. Lease Name or Unit Agreement Name:
PROPOSALS.) 1. Type of Well:	West Pearl Queen Unit
Oil Well Gas Well Other	and reall dreem outf
2. Name of Operator	8. Well No.
Xeric Oil & Gas Corporation 3. Address of Operator P. O. Box 352	117
1 0. DOX 332	9. Pool name or Wildcat
4. Well Location Midland, TX 79702	Pearl Queen
Unit Letter K: 1980 feet from the South line and	1980 West feet from the
Section 20	
Section 29 Township 19S Range 35E 10. Elevation (Show whether DR, RKB, RT, GR,	NMPM Lea County
3/60,	
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
PERSONA PRACTICAL MODILION TO:	BSEQUENT REPORT OF
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	RK ALTERING CASING
TEMPORARILY ABANDON	RILLING OPNS. PLUG AND
PULL OR ALTER CASING MULTIPLE CASING TEST	APANDONATA
COMPLETION CEMENT JOB	MAD []
OTHER:	•
12. Describe proposed or completed operations. (Clearly that II	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 7/16/02. The casing was pressured to 580 PSI over a	
30 minute period. The test was deemed successful. The chart is attached. Request TA	
Status.	art is attached. Request 1A
	1 -
This Approval of Temporary	
Abandonment Expires	30/07
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Charles Condition Analyst 7/26/02	
Angie Crawford Type or print name	915-683-3171
(This space for State use)	Telephone No.
APPPROVED BY TITLE	DATE
Conditions of approval, if any: GARY NA MORE SAFEY NA MOR	DATE

15 C S