Submit 3 Copies To Appropriate District		
Office State OI N	lew Mexico	Form C-103
1625 N. French Dr., Hobbs, NM 87240	nd Natural Resources	Revised March 25, 1000
District II	ATION DIVISION	30-025-03262
1000 Rio Brazos Rd., Aztec, NM 87410 2040 Sou	th Pacheco	5. Indicate Type of Lease
District IV Santa Fe, NM \$7505	NM 87505	STATE S FEE
		6. State Oil & Gas Lease No. E-1638
(DO NOT USE THIS FORM FOR BODOLUS AND REPORTS ON WELLS 7. Lease Name of Unit As		
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		A second and of Ohnt Agreement Name:
		West Pearl Queen Unit
Oil Well Gas Well Other		webt featt Queen Unit
2. Name of Operator		
Xeric Oil & Gas Corporation 3. Address of Operator P. O. Box 352		134
Midlord My Jozon		9. Pool name or Wildcat
4. Well Location Midland, TX 79702		Pearl Queen
Unit Letter B : 660 feet from the North line and 1980 feet from the East line		
Section 31 Township 199	- <u> </u>	The second secon
Township 19S Range 35E NMPM Lea 10. Elevation (Show whether DR, RKB, RT, GR, etc.) 27211 Output		
11. Check Appropriate Box to Indic NOTICE OF INTENTION TO:	ate Nature of Notice.	Report or Other Data
PERFORM REMEDIAL MORE TO SUBSEQUENT REPORT OF		
•	REMEDIAL WOR	
PULL OR ALTER CASING DULTIPLE COMPLETION	CASING TEST AN CEMENT JOB	ADANDONNES
OTHER:		• • • •
12. Describe proposed or completed operations. (Clearly state	J OTHER: M	IT 🛛 🖸
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 recompliation.		
A MIT was performed on this well 2/21/02. The casing was pressured to 550 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		
	- (+130/07
I hereby certify that the information above is true and complete t	o the best of my knowled	
SIGNATION () A OL DO /		
Angie Crawford	LE_Production	Analyst DATE 7/26/02
Type or print name	~ · ·	915-683-3171
(This space for State use)		Telephone No.
APPPROVED BY		
Conditions of approval, if any:		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AFF MANAGER JE 3 0 202

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