Submit 3 Copies To Appropriate Di Office <u>District 1</u>	District State of New Mexico Energy, Minerals and Natural Resources			Form C-103		
1625 N. French Dr., Hobbs, NM 87. District II	240			WELL API NO.	Revised March 25, 1999	
811 South First, Artesia, NM 87210	111 South First, Artesia, NM 87210 OIL CONSERVATION DIVISION				30-025-03298	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 2040 South Pacheco				5. Indicate Type of Lease		
District IV Santa Fe, NM 87505				STATE TI FEE		
2040 South Pacheco, Santa Fe, NM 87505				6. State Oil & C e-5840	Bas Lease No.	
SUNDRY NOTICES AND REPORTS ON WELLS					r Unit Agreement Name:	
(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				The Deute Hame of	ouit Agreement Name:	
TROFUSALS.)				East Pearl Queen Unit		
1. Type of Well: Oil Well Gas Well Gas Well Other Injection					queen onic	
2. Name of Operator						
Xeric Oil & Gas Corporation				8. Well No.		
3. Address of Operator P. O. Box 352				9. Pool name or V	Vildeet	
4. Well Location Midland, TX 79702				Pearl		
4. Well Location						
Unit Letter D : 660 feet from the North line and 660 feet from the West line						
Section 34	Township 19	S Ran	<b>ige</b> 35E	NMPM Lea	County	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)						
11. Che	ck Appropriate Box to Ind	dicate Na	ture of Notice, R	eport or Other	Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING						
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DR		COMMENCE DRIL	LING OPNS. []	PLUG AND	
PULL OR ALTER CASING			CASING TEST AND CEMENT JOB			
OTHER:			OTHER: MI	ጥ	X	
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.						
7/11/02	Run new packer & test	tubing. I	MIT was perfor	med on this we	ell. The	
casing was pressured to 560 PSI over a 30 minute period. The test was						
deemed successful. The chart is attached. Request TA Status.						
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	This App	roval o	f Temporary	- 1	and the second	
Abandorment Expires 7/30/07						
				and the second		
Lhereby certify that the inform						
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
SIGNATURE (May augure TITLE Production Analyst DATE 7/26/02						
Angie Cre	wford ()					
Type or print name					none No.	
(This space for State use)	~	01-5 K. H. L				
APPPROVED BY		RICINAL) <b>TITLE</b> (17	GIONED BY			
Conditions of approval, if any						

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