

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

MINERAL OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.

NMLC065649

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

SOUTH PEARL QUEEN  
UNIT #22

9. API Well No.

300250334100

10. Field and Pool, or Exploratory Area

PEARL QUEEN

11. County or Parish, State

LEA COUNTY, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

XERIC OIL & GAS COMPANY

3. Address and Telephone No.

P.O. BOX 51311, MIDLAND, TX 79710 915/683-3171

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

NENE SECTION 9, T-20-S, R-35-E  
330' FNL & 660 FEL

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent  
☐ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other RETURN TO POW  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

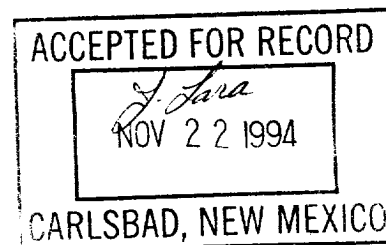
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

XERIC RE-ENTERED THIS WELL ON JULY 20, 1994 AND TREATED THE FOLLOWING PERFORATED ZONES: 4868'-70', 4952'-57' AND 4962'-70'. THE TUBING AND PUMP WERE CHANGED AND THE WELL WAS PUT ON MAKING 16 BOPD AND 125 BWPD.

RECEIVED

OCT 24 8 55 AM '94



BUREAU OF LAND MGMT.  
HOBBS, NM.

OCT 21 12 29 PM '94

RECEIVED

14. I hereby certify that the foregoing is true and correct

Signed

Title

PRESIDENT

Date

10/17/94

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date

RECEIVED

NOV 2 1984

OCD HOPES  
OFFICE