

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
811 South First, Artesia, NM 87210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

Form C-103  
Revised March 25, 1999

WELL API NO. 30-025-23302
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-5840-1
7. Lease Name or Unit Agreement Name: East Pearl Queen Unit
8. Well No. 56
9. Pool name or Wildcat Pearl Queen
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710' DF

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.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Xeric Oil & Gas Corporation
3. Address of Operator P. O. Box 352 Midland, TX 79702	4. Well Location Unit Letter F : 1355 feet from the North line and 2475 feet from the West line Section 34 Township 19S Range 35E NMPM Lea County
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: MIT <input checked="" type="checkbox"/>
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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 7/10/02. 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

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Angie Crawford TITLE Production Analyst DATE 7/26/02  
Type or print name Angie Crawford 915-683-3171  
(This space for State use) Telephone No.

APPROVED BY  
Conditions of approval, if any:

ORIGINAL SIGNED BY  
GARY W. WINK  
TITLE

DATE JUL 30 2002