

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.  
30-025-30930

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.  
E-1638

7. Lease Name or Unit Agreement Name

Fina State

8. Well No.

1

9. Pool name or Wildcat  
Pearl <sup>SR</sup> Queen, South

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  GAS WELL  OTHER

2. Name of Operator  
Xeric Oil & Gas Company

3. Address of Operator  
P. O. Box 51311, Midland, TX 79710

4. Well Location  
Unit Letter L : 1650 Feet From The South Line and 330 Feet From The West Line  
Section 31 Township 19-S Range 35-E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK   
TEMPORARILY ABANDON   
PULL OR ALTER CASING   
OTHER:

PLUG AND ABANDON   
CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK   
COMMENCE DRILLING OPNS.   
CASING TEST AND CEMENT JOB   
OTHER: Attempted comp. "7-Rivers"

ALTERING CASING   
PLUG AND ABANDONMENT

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.

7/23/90 - Set CIBP @ 4150', Perf from 4036'-4040', 4046'-4050', 4056'-4062' and 4065'-4069', Total 36 holes, 2 SPF

7/24/90 - Well flowing 210 MMCFD gas & 41 BWPD

7/26/90 - SWI to get State 4-Pt. test (72 hr buildup)

8/12/90 - Lost zone from SI - Swab 200 BWPD, No gas, Abandon Zone

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

SIGNATURE Michael G. Mooney TITLE Engineer DATE 10/22/90  
TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. (915) 683-3171

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

OCT 29 1990