Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-103

DISTRICT I

OIL CONSERVATION DIVISION (WELL ARLAND)

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088	WELL API NO.
DISTRICT II Santa Fe. New Mexico 87504-2088	30-025-30930
P.O. Drawer DD, Artesia, NM 88210	5. Indicate Type of Lease STATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	6. State Oil & Gas Lease No. E-1638
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK	K TO A 7. Lease Name or Univergreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	Fina State
1. Type of Well: OIL GAS WELL X WELL OTHER	
2. Name of Operator	8. Well No.
Xeric Oil & Gas Company	1
3. Address of Operator P. O. Box 51311, Midland, TX 79710	9. Pool name or Wildeai
4. Well Location	Pearl Oueen
Unit Letter L: 1650 Feet From The South Line and	330 Feet From Th. West Line
Section 31 Township 19-S Range 35-E	NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR	
11. Check Appropriate Box to Indicate Nature of No.	orice, Report, or Other D
NOTICE OF INTENTION TO:	SUBSEQUENT REPURT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL W	ORK : ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE	DRILLING OPNS. PLUG AND AGANDONMENT
PULL OR ALTER CASING CASING TEST	TAND CEMENT JOB
OTHER: OTHER:A	ttempted Completion "Queen" \overline{X}
12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertunent dework) SEE RULE 1103.	ates, including estimated date of switch gany proposed
7/20/90 - Set CIBP @ 4660', Perf from 453! Recovered 100% Sulfur Water	5'-4541', 4 SPF, 24 holes,
7/21/02 11 7 7	
7/21/90 - Abandon Zone	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	0.40.400
SIONATURE Partne	er 8/2/90
TYPEOR PRINT NAME Randall Capps	162.E140/ 80.683-3171
(This space for State Use)	
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APPROVED BY TITLE	
CONDITIONS OF APPROVAL, IF ANY:	