

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 <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
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 TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER	7. Lease Name or Unit Agreement Name Fina State
2. Name of Operator Xeric Oil & Gas Company	8. Well No. 1
3. Address of Operator P. O. Box 51311, Midland, TX 79710	9. Pool name or Window Pearl Queen
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.)

GL 3707

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: Attempted Completion "Queen" ☒

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.

7/17/90 - PBTD 4915', TOC 2950', PERf from 4669'-4670', 4 SPF, 2',
8 Holes

7/19/90 - Treat w/ 500 gal. NEFE -15% acid, Broke down at 2800 PSIG,
Pump in Max 2½ BPM - 1½ BPM, ISIP -2000#, SIP 15 Min. -800#,
Swab back load, no show of oil or gas, Abandoned Zone

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

SIGNATURE Randall Capps TITLE Partner DATE 8/1/90
TYPE OR PRINT NAME Randall Capps TELEPHONE NO. 683-3171

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: