

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

OIL CONSERVATION DIVISION

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

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

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

WELL API NO.	30-025-3315
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	

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 Injection

2. Name of Operator
Xeric Oil & Gas Corporation

3. Address of Operator
PO Box 352, Midland, Texas 79702

4. Well Location
 Unit Letter E : 2002' Feet From The North Line and 660' Feet From The West Line
 Section 3 Township T20S Range R35E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3685 RKB

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

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

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.

12/11/97 MIRU unset packer; POH tbg & packer. RU tester. RIH packer & tbg; found hole; circ packer fluid. Set packer; run test

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

SIGNATURE Glenda Hunt TITLE Production Analyst DATE 1/16/98

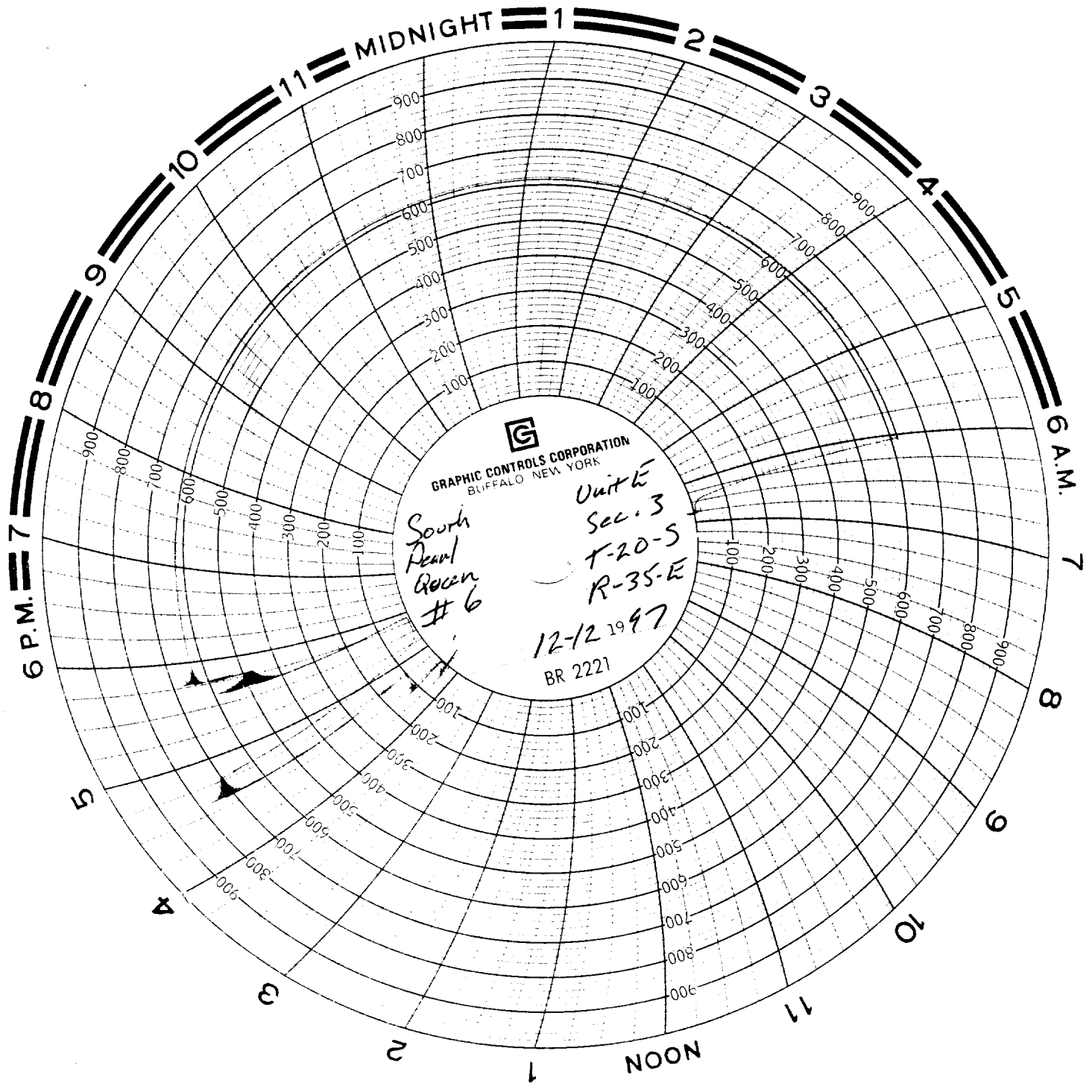
TYPE OR PRINT NAME Glenda Hunt TELEPHONE NO. 915-683-3650

(This space for State Use)
 ORIGINAL SIGNED BY CHRIS WILLIAMS
 DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 23 1998

CONDITIONS OF APPROVAL, IF ANY: _____

5001



GRAPHIC CONTROLS CORPORATION
BUFFALO NEW YORK

South
Pearl
Green
6

Unit E
Sec. 3
T-20-S
R-35-E

12-12 1947

BR 2221