

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

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

WELL API NO. 30-025-26305
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name Cain
Well No. 2
Pool name or Wildcat Hobbs Grayburg - San Andres

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.)

Type of Well:
 OIL WELL GAS WELL OTHER

Name of Operator
Xeric Oil & Gas Corporation

Address of Operator
P. O. Box 352, Midland, Texas 79702

Well Location
Unit Letter N 660 Feet From The South Line and 1980 Feet From The West Line

Section 14 Township 19S Range 38E NMPM Lea County

Elevation (Show whether DF, RKB, RT, GR, etc.)
3601 GR

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

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

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ANBANDONMENT
 CASING TEST AND CEMENT JOB
 OTHER: _____

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.

Xeric Oil & Gas Corporation requests permission to test the Seven Rivers Formation as follows :

- 1) Set CIBP inside 7 5/8" casing @ 3500'
- 2) Perforate the Seven Rivers Formation from 2937' - 3031' (Selectively perforate)
- 3) Acidize perforations w/ 7 1/2% HCL + 20% MECH - swab test for shows
- 4) Fracture stimulate if shows warrant
- 5) Place well into production or Plug and Abandon as per NMOCD instructions

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

SIGNATURE Michael G. Mooney TITLE Consulting Engineer DATE 05-21-99
 TYPE OR PRINT NAME Michael G. Mooney TELEPHONE NO. 915/683-3171

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: _____

ORIGINAL SIGNATURE
GIVEN TO THE
FIELD OFFICE

