Submit 3 Copies to Appropriate District Office

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

State of New Mexico
Energy, ... erals and Natural Resources Department

Form C-103
Revised 1-1-89

OIL CONSERVATION DIVISION

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

WELL API NO. 30-025-30954

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. E-3290

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)

7. Lease Name or Unit Agreement Name: MEXICO "U"

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

8. Well No. 3

2. Name of Operator: XERIC OIL & GAS COMPANY

9. Pool name or Wildcat: Hobbs (G-SA)

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

4. Well Location
Unit Letter B : 590 Feet From The NORTH Line and 2310 Feet From The EAST Line

Section 8 Township 19-S Range 38-E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3605 GR

11. 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	[ ]	REMEDIAL WORK	[ ]	ALTERING CASING	[ ]
TEMPORARILY ABANDON	[ ]	CHANGE PLANS	[ ]	COMMENCE DRILLING OPNS.	[ ]	PLUG AND ABANDONMENT	[ ]
PULL OR ALTER CASING	[ ]			CASING TEST AND CEMENT JOB	[X]		
OTHER:	[ ]			OTHER:			[ ]

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.

9/11/90- Spud well @ 7:30 PM

9/12/90- Drill 12 1/4" hole to 1546', Set 8 5/8"-24# New Csg to 1546'-cement with 540 sx Haliburton Lite with 1/4# Flocele and 200 sx class "C" with 2% CACL. Circulate 152 sx cement. Test Csg to 500#, Casing & Float held, Ran 5 Centralizers

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

SIGNATURE M. G. Mooney TITLE Engineer DATE 9/13/90

TYPE OR PRINT NAME M. G. Mooney TELEPHONE NO. (915) 683-3171

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: