

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
 Xeric Oil & Gas Corporation

3. Address and Telephone No.
 P.O. Box 352, Midland, Texas 79702 915-683-3171

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
 660' FNL & 1980' FEL
 Sec 24 - T 20S - R 38E

5. Lease Designation and Serial No.
 NM 97163

6. If Indian, Allottee or Tribe Name
 N/A

7. If Unit or CA, Agreement Designation
 N/A

8. Well Name and No.
 Capps Federal # 1

9. API Well No.
 30-025-34267

10. Field and Pool, or Exploratory Area
 DK Ab0

11. County or Parish, State
 Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Current production from the Blinbery Formation is 8 BOPD + 13 BWPD + 130 MCFD
 It is desired to test the Abo Formation and produce it under a packer until such time that a commingling order can be obtained from the NMOCD - the procedure is below:

- 1) Perforate Abo Formation selectively from 7323' - 7554'
- 2) Acidize w/ 15,000 gals of 28% SXE acid + 20% Diesel
- 3) Flow or pump well under a production packer
- 4) Do required tests to obtain permission from NMOCD to commingle production

RECEIVED
 2000 JUN 5 P 3:10

14. I hereby certify that the foregoing is true and correct

Signed *David F. Glass* Title Consulting Engineer Date 6/26/00

(This space for Federal or State office use)

Approved by (OP:IG.SGD.) DAVID F. GLASS Title PETROLEUM ENGINEER Date JUL 11 2000

Conditions of approval, if any:

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88211-0719

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

DISTRICT IV
 P.O. BOX 2088, SANTA FE, N.M. 87504-2088

OIL CONSERVATION DIVISION

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

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-34267	Pool Code 15200	Pool Name DK Abo
Property Code 22251	Property Name CAPPS FEDERAL	Well Number 1
OGRID No. 025482	Operator Name XERIC OIL AND GAS CORPORATION	Elevation 3569

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	24	20 S	38 E		660	NORTH	1980	EAST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Dedicated Acres 40	Joint or Infill I	Consolidation Code	Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify the the information contained herein is true and complete to the best of my knowledge and belief.</p> <p><i>Michael G. Mooney</i> Signature</p> <p>Michael G. Mooney Printed Name</p> <p>Consulting Engineer Title</p> <p>6/26/00 Date</p>
	<p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>OCTOBER 24, 1997</p> <p>Date Surveyed _____ DMCC</p> <p>Signature & Seal of Professional Surveyor <i>Ronald J. Eidson</i> 10-24-97 97-11-1719</p>
	<p>Certificate No. JOHN W. WEST 676 RONALD J. EIDSON 3239 GARY EIDSON 12641</p>