Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

C15F
Op

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. 30-015-05036

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

6. State Oil & Gas Lease No. B-10920

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: Featherstone

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

2. Name of Operator: XERIC OIL & GAS CORPORATION

8. Well No. #1

3. Address of Operator: P. O. Box 352, Midland, Texas 79702 (915)683-3171

9. Pool name or Wildcat: Corayburg Jackson

4. Well Location
Unit Letter G : 2310 Feet From The East Line and 2310 Feet From The North Line
Section 2 Township 17-S Range 31-E NMPM Eddy County

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

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

PROCEDURE:

1. Set 5 1/2" CIBP @ 3500' and cap with 35 sxs cement,
2. Cut and pull 5 1/2" casing as deep as possible,
3. Spot 50 sxs of cement in and out of stub and tag,
4. Spot 50 sxs of cement @ 790'-690' and tag,
5. Spot 10 sxs of cement @ surface,
6. Install dry hole marker.

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

SIGNATURE [signature] TITLE Vice President DATE 1-13-97

TYPE OR PRINT NAME CARL O. BRININSTOOL TELEPHONE NO. (915)683-3171

(This space for State Use)

APPROVED BY Tim W. Gum BGX TITLE District Supervisor DATE 1-15-97