

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

WELL API NO.	30-025-34570
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name:	Paige
8. Well No.	1
9. Pool name or Wildcat DK; Abo, Blainebry O&G, H. Drinkard DHC-3001	
10. Elevation (Show whether DR, RKB, RT, GR, etc.)	

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.)

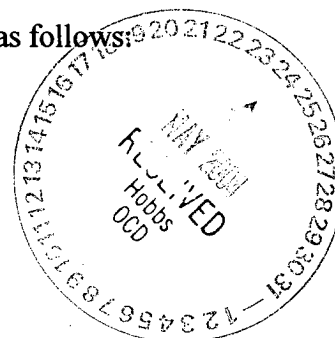
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	2. Name of Operator Xeric Oil & Gas Corporation
3. Address of Operator P. O. Box 352, Midland, TX 79702	4. Well Location Unit Letter <u>P</u> : <u>660</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>East</u> line Section <u>13</u> Township <u>20S</u> Range <u>38E</u> NMPM Lea County

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: Surface Commingle Test <input checked="" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

In compliance with Administrative Order PLC-227 the well test for the Paige #1 to is as follows:

	BOD	BWD	MCFD
8/29/03	7	13	12
8/30/03	8	12	12
8/31/03	7	12	12
AVG. PRODUCTION	7	12	12



Xeric will test again in six months and reallocate production accordingly.

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

SIGNATURE Angie Crawford TITLE Production Analyst DATE 5/18/04

Type or print name Angie Crawford, ACrawford@xericoil.com 432-683-3171
(This space for State use) Telephone No.

APPROVED BY Larry W. Wink TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 27 2004
Conditions of approval, if any: