2. Name of Operator       YERIC OIL AND GAS CORPORATION       9. API Well No.         3. Address and Telephone No.       9. API Well No.       30-041-10109         10. Field and Pool, or Exploratory Area       MILNESAND (SA)         4. Location of Well (Footget. Sec., T., R., M., or Survey Description)       990' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       MILNESAND (SA)         990' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       II. County or Parish, State         SE/4       ROOSEVELT, NM         2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         I. Notice of Intext       Recompletion         I. Notice of Intext       Recompletion         I. Subsequent Report       Phaging Back         I. Final Abandonment Notice       Altering Casing	SUBMIT IN TRIPLICATE         Type of Well       Gen         Well       Other         Nume of Operators       8. Well Name and No.         Nume of Operators       9. APR Well No.         Nume of Telephone No.       9. APR Well No.         P.O. BOX 51311, MIDLAND, TX 79710 (915)683-3171       10. Field and Pool, or Exploratory Area         MILLNESAND (SA)       30-041-10109         1. Coastion of Well (Footage: Sec. T. R. M. or Survey Description)       10. Coastion of Well (Footage: Sec. T. R. M. or Survey Description)         90'       FSL & 2248.74 'FEL, S30-T8-R35 Unit O, SW/4       11. Coastion of Well (Footage: Sec. T. NM.         2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         2. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Progging Back         3. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent deta: including entimed det of naming any proposed wet. If well is discributions of completed operations of completed operations of completed operations of completed operations of the write all pertinent details, and give pertinent deta: including entimed det of natring eny proposed wet. If well is discributionally deta temporar	rm 3160-5 une 1990) Do not use this fo	DEPARTMENT	ND REPORTS ON W	y to a different reserve	Expires: March 31, 1993 5. Lesse Designation and Serial No. NM-0145585 6. If Indian, Allotter or Tribe Name
E3 Weil       Weil       Other       E. Weil Name of Operators         2. Name of Operator       Set Med Net       HOPTON FEDERAL #1:         XERIC OIL AND GAS CORPORATION       9. API Weil Net.       30-041-10109         3. Address and Telephone No.       90' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       II. NESAND (SA)         90' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       MILNESAND (SA)       II. County or Parish, State         2.       CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       New Construction         TYPE OF SUBMISSION       TYPE OF ACTION       New Construction         I. Notice of Intext       Interference       New Construction         I. Describe Proposed or Completed Operations (Clearly state all perturent details, and give perturent details, and give perturent details, and give perturent details, and data of starting any proposed work. If well is directionally details were theil in a temporarily abandoned status. We would like to preserve this well in a temporarily abandoned status. We would like to preserve this well in this water flood. This well passed the Casing Integrity Test	Image: State       Fill State       Fill Need and No.         Name: of Openeor       Fill Need and No.       How FTOON FEDERAL #1         Address and Telephone No.       30-041-10109         Indext and Telephone No.       10. Field and No.         P.O. BOX 51311. MIDLAND, TX 79710 (915)683-3171       10. Field and No.         Income of Well (Procept Soc. 1. K. M Servey Description)       10. Field and No.         SE/4       CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Advance of Note       Description         Mater and No.       Servery Description         Image: Advance of Note       Descriptin Note		SUBMIT	IN TRIPLICATE		7. If Unit or CA, Agreement Designation
P.O. BOX 51311, MIDLAND, TX 79710 (915)683-3171       10. Field and Pool, or Exploratory Area         Location of Well (Footage, Sec., T., R., M., or Survey Description)       MILNESAND (SA)         990' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       MILNESAND (SA)         SE/4       ROOSEVELT, NM         0. Field and Pool, or Exploratory Area       MILNESAND (SA)         1. County or Parish, State       ROOSEVELT, NM         1. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF ACTION         1. Notice of Linear       Image: Completed for the second	P.O. BOX 51311, MIDLAND, TX 79710 (915)683-3171       10. Field ad Pod, or Exploring Yaca         I. Location of Weil decorge, Sec. T. R. M. or Survey Description       990' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       II. Courg or Patish, State         990' FSL & 2248.74'FEL, S30-T8-R35 Unit O, SW/4       II. Courg or Patish, State       ROOSEVELT, NM         I. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       TYPE OF ACTION         I. Notice of Locat       II. Courg of Patish, State       III. Courg of Patish, State         I. Sobsequent Report       III. Courg of Patish, State (III)       III. Courg of Patish, State (III)         3. Describe Propond of Completed Operations (Cearly state III) proved deal, and give patient deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet, achding estimated date of anting any proposed woll. If well is directionally of give patients deet achding estimated date of anting any proposed woll. If well is directionally of give patients date of anting any proposed woll. If well is directional date of	Vil Gas Well Well Name of Operator XERIC OIL	AND GAS CORPOR	ATION		HORTON FEDERAL #1: 9. API Well No.
TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Latent       Abandoussest       Imaging Back       Imaging Back       Imaging Back         Subsequent Report       Imaging Back       Imaging Back       Imaging Back       Imaging Back       Imaging Back         Final Abandoussest Notice       Imaging Back	TYPE OF SUBMISSION       TYPE OF ACTION         Notice of latest       Image: Subsequent Report       Image: Subsequent Report Subsequent Repo	P.O. BOX 5 Location of Well (Footag 990' FSL & SE/4	1311, MIDLAND, •. Sec., T., R., M., or Survey Dec 2248.74'FEL,	s30-T8-R35 Un	it 0, SW/4	MILNESAND (SA) 11. County or Parish, State ROOSEVELT, NM
Image: Subsequent Report       Image: Subseque	Image: Subsequent Report       Image: Subseque			) TO INDICATE NAT		
Recompletion     Subsequent Report     Beta     Subsequent Report     Beta     Subsequent Report     Beta     Beta	Noted to take			XX		
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 define the pertinent dates, including estimated date of starting any proposed work. If well is directionally define the pertinent lag form to this work.)*  Approval is requested to continue to carry this well in a temporarily abandoned status. We would like to preserve this well in this water flood. This well passed the Casing Integrity Test	Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed weak. If well is directionally dri give subsurface locations and measured and tree vertical depts for all markers and scores pertinent to the work.)*  Approval is requested to continue to carry this well in a temporarily abandoned status. We would like to preserve this well for future use as an additional water injection well in this water flood. This well passed the Casing Integrity Test in 1994.  At Intervo certify that the foregoing is tree and correct Vice President	-	-	Recompi	tion Back	New Construction     Non-Routine Fracturing
give subsurface locations and measured and two vectoral depths for all markets and notes perturbate to the vector) Approval is requested to continue to carry this well in a temporarily abandoned status. We would like to preserve this well for future use as an additional water injection well in this water flood. This well passed the Casing Integrity Test	Approval is requested to continue to carry this well in a temporarily abandoned status. We would like to preserve this well for future use as an additional water injection well in this water flood. This well passed the Casing Integrity Test in 1994.					(Note: Report results of multiple completion on We Completion on Recompletion Report and Log form
	Vice President (1/21/95	give subsurface loc Approval f temporari well for f this wates	tions and measured and true verbo is requested t Ly abandoned s Euture use as	o continue to tatus. We wou	carry this we dld like to pr water injecti	ell in a reserve this ion well in

Approved by		
Approved by Conditions of	approval.	if any:

APPROVED FOR MORTH PERIOD ENDING FEB 8 1996 JUN 2 6 1995 Brinky of the United Store any false, ficilitous or ilient statements Tide 18 U.S.C. Section 1001, makes it a crime for any person knowingly or representations as to any matter within its jurisdiction. fr and willfully to make to any LAX NOSWELL RESOURCE AREA ANAGEMENT

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