

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. OIL CONS. COMMISSION
P. O. BOX 1900
HOBBS, NEW MEXICO 88240

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 COMPANY

3. Address and Telephone No.

P.O. BOX 51311, MIDLAND, TX 79710-1311

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2305'FNL & 285'FEL, S30-T8S-R35E

unit H

5. Lease Designation and Serial No

NM-0145685

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

HORTON FEDERAL #32

9. API Well No.

30-041-20756

10. Field and Pool, or Exploratory Area

MILNESAND (SA)

11. County or Parish, State

ROOSEVELT

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

TYPE OF SUBMISSION

TYPE OF ACTION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other

Request for TA Status

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completion, well completion or recompletion reports and log forms.)

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.)*

This well has been tested to BLM specifications and passed. (See sundry notice dated 2-14-94) It is requested that this well be approved for a TA status. It is intended that at some point in the future, when economically feasible, this well will be converted to an additional injector in this water flood unit.

tested
2/8/94

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

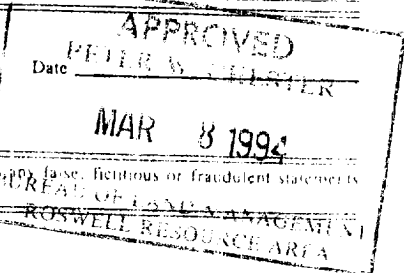
Signed Kevin K. Safford Title OPERATIONS MANAGER

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

APPROVED FOR 12 MONTH PERIOD
ENDING FEB 8 1995

Date 2-28-94



Title 18 U.S.C. Section 1001, makes it a crime for any person knowing and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side