|                                                                                                                                                                                                                                                         | State of New                                                                                             |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Form                                    |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------|
| Office  District 1  1625 N. French Dr., Hobbs, NM 87240                                                                                                                                                                                                 | Energy, Minerals and Natural Resources                                                                   |                                                                                                                                                         | Revised March 25, 199 WELL API NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |             |
| District II 811 South First, Artesia, NM 87210                                                                                                                                                                                                          | L CONSERVAT                                                                                              | ON DIVISION                                                                                                                                             | 30-025-3<br>5. Indicate T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |             |
| District III<br>1000 Rio Brazos Rd., Azzec, NM 27410                                                                                                                                                                                                    | 2040 South Pacheco                                                                                       |                                                                                                                                                         | STATE FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |             |
| District IV<br>2040 South Pacheco, Santa Fe, NM 87505                                                                                                                                                                                                   | Santa Fe, NN                                                                                             | A 87505                                                                                                                                                 | 6. State Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | & Gas Lease No.                         |             |
| SUNDRY NOTICES AND                                                                                                                                                                                                                                      |                                                                                                          |                                                                                                                                                         | 7. Lease Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne or Unit Agreement                    | Name        |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DI<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR<br>PROPOSALS.)                                                                                                                                                   | RILL OR TO DEEPEN OF<br>R PERMIT" (FORM C-10                                                             | PLUG BACK TO A  I) FOR SUCH                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |             |
| 1. Type of Weil: Oil Weil                                                                                                                                                                                                                               | ther                                                                                                     |                                                                                                                                                         | Cain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |             |
| 2. Name of Operator Xeric Oil & Gas Corporation                                                                                                                                                                                                         |                                                                                                          | 8. Weil No.<br>#1                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |             |
| 3. Address of Operator PO Box 352 Midland, Texas 79702                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                         | 9. Pooi name or Wildcar<br>Drinkard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |             |
| 4. Weil Location                                                                                                                                                                                                                                        |                                                                                                          |                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |             |
| Unit Letter J: 1980'                                                                                                                                                                                                                                    | feet from the Sou                                                                                        | th line and                                                                                                                                             | 1980' feet f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | from the <u>East</u>                    | line        |
|                                                                                                                                                                                                                                                         |                                                                                                          | Range 38E                                                                                                                                               | NMPM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | County Lea                              |             |
|                                                                                                                                                                                                                                                         |                                                                                                          | DR, RKB, RT, GR, esc.                                                                                                                                   | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |             |
| 11. Check Appropriate                                                                                                                                                                                                                                   | 00 GR                                                                                                    | Verure of Notice P                                                                                                                                      | eport or Othe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | e Cara                                  |             |
| NOTICE OF INTENTION                                                                                                                                                                                                                                     |                                                                                                          | SUBS                                                                                                                                                    | EQUENT RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EPORT OF:                               |             |
| PERFORM REMEDIAL WORK PLUG AND                                                                                                                                                                                                                          |                                                                                                          | REMEDIAL WORK                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ALTERING CASIN                          | 1G □        |
| TEMPORARILY ABANDON                                                                                                                                                                                                                                     | PLANS                                                                                                    | COMMENCE DRILL                                                                                                                                          | LING OPNS. 🗌                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | PLUG AND<br>ABANDONMENT                 |             |
| PULL OR ALTER CASING MULTIPLE COMPLETI                                                                                                                                                                                                                  |                                                                                                          | CASING TEST AND                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |             |
|                                                                                                                                                                                                                                                         | ION                                                                                                      | CEMENT JOB                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |             |
| OTHER:                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                                                                                         | Drinkard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | X           |
| OTHER:                                                                                                                                                                                                                                                  | (Clearly state all pe                                                                                    | OTHER: Test                                                                                                                                             | e pertinent dates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | including estimated of proposed complet | date        |
| OTHER:                                                                                                                                                                                                                                                  | (Clearly state all per I103. For Multiple of t; Perforate D: RBP @ 7200' and RIH w/produc                | OTHER: Test runent details, and giv Completions: Attach v rinkard from 70 d packer at 705 tion equipment                                                | e pertinent dates<br>veilbore diagram<br>64-7082 & 70<br>3'; Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 088-7100; 2 SPI<br>with 2,000 gal       | nate<br>ion |
| OTHER:  12. Describe proposed or completed operations. of starting any proposed work). SEE RULE or recompilation.  6/7/01 MIRU PU; POH w/equipmen for a total of 64 holes. Set 20% NEFE  6/8/01 POH w/pkr; retrieve BP.  6/9/01 Well making 10 BOPD; 13 | (Clearly state all per 1103. For Multiple of t; Perforate D: RBP @ 7200' and RIH w/produc BWPD; 8 MCFPD  | OTHER: Test runent details, and giv Completions: Attach v rinkard from 70 d packer at 705 tion equipment                                                | e perment dates veilbore diagram 64-7082 & 703'; Acidize & put well of the put | 088-7100; 2 SPI<br>with 2,000 gal       | nate<br>ion |
| OTHER:  12. Describe proposed or completed operations of starting any proposed work). SEE RULE or recompilation.  6/7/01 MIRU PU; POH w/equipmen for a total of 64 holes. Set 20% NEFE  6/8/01 POH w/pkr; retrieve BP.  6/9/01 Well making 10 BOPD; 13  | (Clearly state ail per 1103. For Multiple of t; Perforate D: RBP @ 7200' and RIH w/product BWPD; 8 MCFPD | OTHER: Test runent details, and giv Completions: Attach v rinkard from 70 d packer at 705 tion equipment  est of my knowledge a Senior Producti 915-683 | e perment dates veilbore diagram 64-7082 & 70 3'; Acidize & put well of nd belier. on Analyst -3650 Teleph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DATE 7/6/01                             | nate<br>ion |
| OTHER:  12. Describe proposed or completed operations. of starting any proposed work). SEE RULE or recompilation.  6/7/01 MIRU PU; POH w/equipmen for a total of 64 holes. Set 20% NEFE  6/8/01 POH w/pkr; retrieve BP.  6/9/01 Well making 10 BOPD; 13 | (Clearly state ail per 1103. For Multiple of t; Perforate D: RBP @ 7200' and RIH w/product BWPD; 8 MCFPD | OTHER: Test runent details, and giv Completions: Attach v rinkard from 70 d packer at 705 tion equipment st of my knowledge a                           | e perment dates veilbore diagram 64-7082 & 70 3'; Acidize & put well of the pu | DATE 7/6/01                             | nate<br>ion |