Submit 3 Copies to Appropriate District Office	State of New Mexico Energy, erais and Natural Resources Department		•	Form C-103 Revised 1-1-89
DISTRICT I P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505		WELL API NO. 30-025-34569	
<u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210			sIndicate Type of Lease	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410			6State Oil & Gas Lease N	ło.
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.)			7Lease Name or Unit Ag Mooney	reement Name
Type of Well: OIL GAS WELL WELL	OTHER		aWell No.	
Name of Operator Xeric Oil & Gas Corporation			1	
3Address of Operator P. O. Box 352, Midland, Texa	is 79702		Pool name or Wildcat Wildcat - Abo	
well Location Unit LetterI 1980	Feet From The South	Line and330	Feet From The	East Line
Section 13		tange 38E	NMPM	Lea County
	10Elevation (Show whether DF, 1 3554 GR	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	REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING C	DPNS.	PLUG AND ANBANDONMENT
PULL OR ALTER CASING	CASING TEST AND CEM		ENT JOB	
OTHER:	OTHER: Completion			X
<ul> <li>*Describe Proposed or Completed Operations (<i>Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed</i> work) SEE RULE 1103.</li> <li>4/26/99 - Abandon Abo Formation - Set CIBP @ 7300' - Perforate Drinkard Formation from 6774' - 6940' Total - 33 holes - Acidize w/ 2000 gals 15% NEFE - swab back acid w/ good oil shows</li> <li>4/27/99 - Frac Drinkard w/ 100,000 # 20/40 Ottawa sand + 1000 bbls Borate gel</li> <li>4/28/99 - Put well on pump to test Drinkard Formation for commercial production estimate 10 days to recover load</li> </ul>				
I hereby certify that the information above SIGNATURE	ve is true and complete to the best of my knowledge T	edge and belief. TTLE Consulting Engin	eer	DATE 05-01-99
TYPE OR PRINT NAME Michael G. M	ooney		<u>,</u>	TELEPHONE NO. 915-683-3171
(This space for State Use)				
APPROVED BY	A second s	ritle		DATE
CONDITIONS OF APPROVAL, IF ANY:				

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