

# REFERENCE SHEET FOR UNDESIGNATED WELLS

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|                  |                          |
|------------------|--------------------------|
| 1. Date:         | 7/2/02                   |
| 2. Type of Well: | <u>Oil Well</u> Gas Well |
| 3. County:       | Lea                      |

|  |                             |                                      |             |
|--|-----------------------------|--------------------------------------|-------------|
| 4. Operator Name:  |                             | API NUMBER                           |             |
| Xeric Oil & Gas Corp   |                             | 30-D25-35889                         |             |
| 5. Address of Operator:  |                             |                                      |             |
| PO Box 352 Midland TX 79702  |                             |                                      |             |
| 7. Lease name or Unit Agreement Name:  |                             |                                      | 7. Well No. |
| Julio State  |                             |                                      | 1           |
| 8. Well Location   |                             |                                      |             |
| Unit Letter <u>D</u> : <u>260</u> feet from the <u>N</u> line and <u>710</u> feet from the <u>W</u> line |                             |                                      |             |
| Section <u>20</u> Township <u>20s</u> Range <u>39e</u> NMPM  |                             |                                      |             |
| 9. Completion Date:  |                             | 11. Perfs top bottom                 |             |
| 5/30/02  |                             | 7208 7506                            |             |
| 10. Name of Producing Formation:   |                             | 12. Open Hole casing shoe PBTD or TD |             |
| Abo  |                             |                                      |             |
| 14. C-123 Filed:   | 15. Name of Pool Requested: |                                      |             |
|  | D-K Abo <15200>             |                                      |             |
| 16. Remarks  |                             |                                      |             |
| Ex+  |                             |                                      |             |

|                                       |      |   |     |              |   |
|---------------------------------------|------|---|-----|--------------|---|
| TO BE COMPLETED BY DISTRICT GEOLOGIST |      |   |     |              |   |
| 17. POOL NAME                         |      |   |     | 18. POOLID # |   |
| T                                     | S, R | E | T   | S, R         | E |
| Sec                                   |      |   | Sec |              |   |
| Sec                                   |      |   | Sec |              |   |
| Sec                                   |      |   | Sec |              |   |

|  |  |                      |  |
|--|--|----------------------|--|
| 19. ADVERTISED FOR HEARING:                |  | 20. CASE NUMBER:     |  |
|  |  |                      |  |
| 21. Name of pool for which was advertised. |  |                      |  |
|  |  |                      |  |
| 22a. Placed in Pool                        |  | 22b. By order number |  |
|  |  |                      |  |