

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-07898 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator SHERIDAN PRODUCTION COMPANY ✓		6. State Oil & Gas Lease No.
3. Address of Operator 200 N. LORAIN STE. 530 MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name WYLIE FEDERAL ✓
4. Well Location Unit Letter _____ : _____ 1650 _____ feet from the _____ SOUTH _____ line and _____ 1650 _____ feet from the _____ WEST _____ line Section 9 Township T-21S Range 38E NMPM LEA County		8. Well Number 3 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number
		10. Pool name or Wildcat

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RUN MIT <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1/20/16 RAN MIT. WITNESSED BY CARL FLOWERS. PRESSURED UP TO 540# FOR 32 MIN.

Spud Date: Rig Release Date:

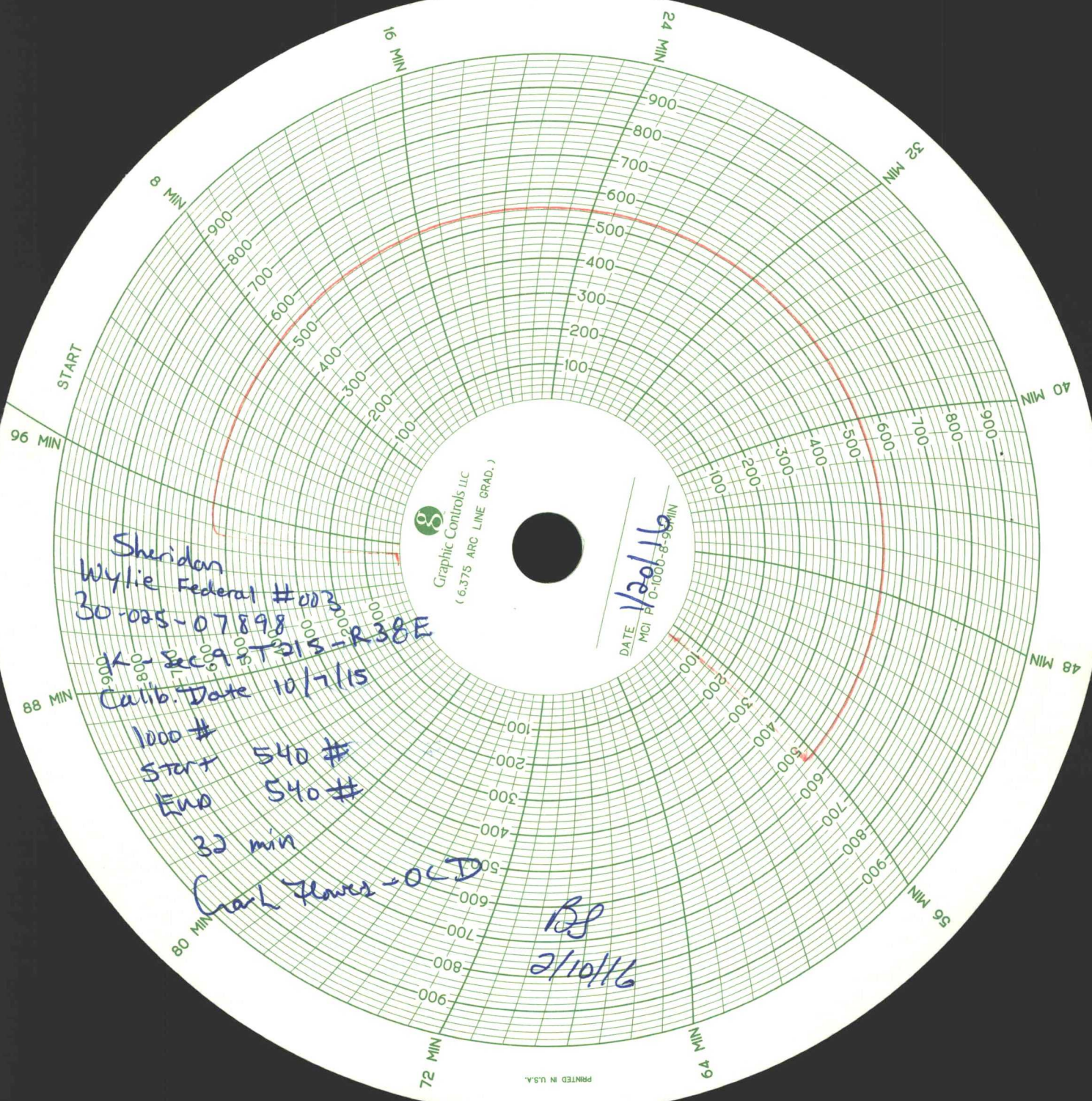
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Sylvia Shoemaker TITLE REGULATORY ANALYST DATE 2/2/16
Type or print name Sylvia Shoemaker E-mail address: sshoemaker@seridanproduction.com PHONE: 432 683-5271

For State Use Only

APPROVED BY: Bill Shanahan TITLE Staff Manager DATE 2/10/16
Conditions of Approval (if any):

FEB 11 2016



Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE MCI 1/20/16

Sheridan
Wylie Federal #003
30-025-07898

1A-2CA-T315-R38E

Calib. Date 10/7/15

1000 #
Start 540 #
End 540 #
32 min

Crack Flaws - O.C.D.

BP
2/10/16