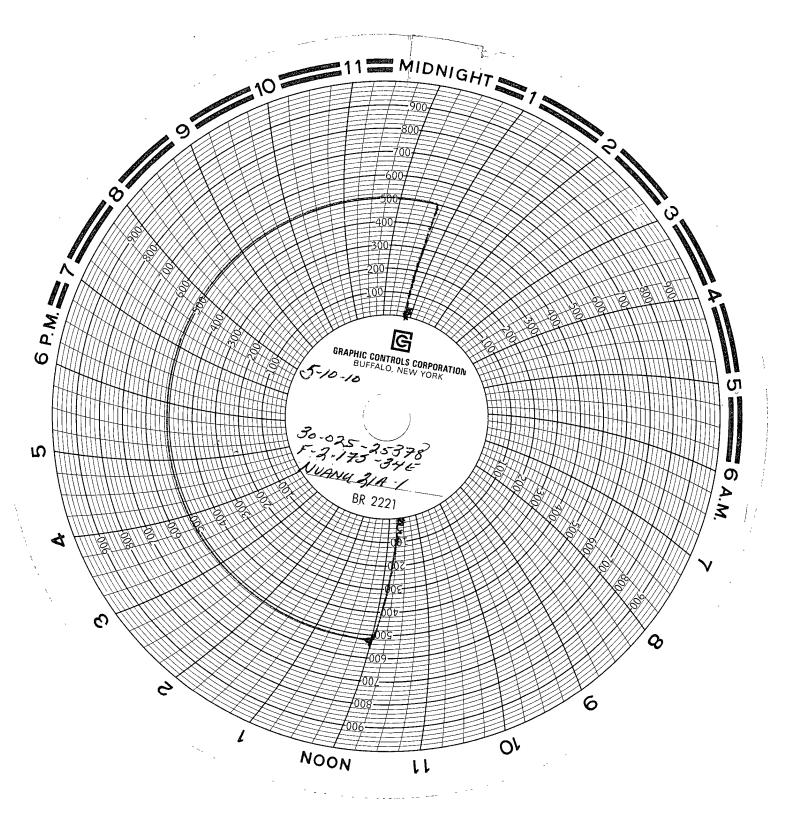
Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-25378
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE xx FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		E-619
SUNDRY NOT	CES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	NVANU 21 A
1. Type of Well: Oil Well	Gas Well Other Injection XX	8. Well Number 1
2. Name of Operator Sheridan Production Company, LL		9. OGRID Number <u>-020054</u>
3. Address of Operator 200 N. Lor		252496 10. Pool name or Wildcat
Midland, T		North Vacuum (Abo)
4. Well Location		
Unit LetterF_:1980feet from the NORTH line and1980feet from the wWEST line		
Section 2 Township 17S Range 34E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4053 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK XX PLUG AND ABANDON REMEDIAL WORK XX ALTERING CASING		
TEMPORARILY ABANDON	CHANGE PLANS COMMENCE DE	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER:	
13. Describe proposed or comp	leted operations. (Clearly state all pertinent details, a	nd give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
05/05/2010 Added perfs . Perfs @ 8574-8580 (Old) and 8694-8732 (new) Acidize new perfs w/2000 gals. Run MIT w/ pkr @ 8608' @ 580#		
Acidize new peris w/2000 gais. Run	M11 w/ pkr @ 8608' @ 580#	
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
SIGNATURE		
Type-or-pfint name _James_Bush E-mail address: j.bush@sheridanproduction.com PHONE: 432 683-5271		
Type-or-pfint name _James_Bush E-mail address: _j.bush@sheridanproduction.com PHONE: 432 683-5271		
APPROVED BY: STAFF MGR DATE 5-20-10		
Conditions of Approval (if any):		



5/10/10
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ChIO #3 CHAPT
ChIO #3 5/1/10
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