Submit 3 Copies To Appropriate District Office State of New Mexico)	Form C-103
Office District I 1625 N. French Dr., Hobbs, NM 88240 District II	Resources WELL API NO.	June 19, 2008
OII CONSERVATION DI	JISION 30-023-24043	
District III JUN 1 1 2012 1220 South St. Francis	5. Indicate Type of Lease	EE 🗍
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> Santa Fe, NM 87505		
1220 S. St Francis Dr , Santa Fe, NINGCENED 87505	K-4605	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BADIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUPPROPOSALS.)	СН	
1. Type of Well: Oil Well Gas Well xx Other	8. Well Number 2	
2. Name of Operator / Sheridan Production, LLC	9. OGRID Number 25	>496 V
3. Address of Operator	10. Pool name or Wildcat Abo	North Vacuum
200 N. Loraine Ste. 530 Midland, TX 79701 4. Well Location	Abb	
Unit Letter H: 860 feet from the East line and 1980 feet from the North line		
		County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4028.9 GR		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
_		NG CASING
TEMPORARILY ABANDON		4 LJ
DOWNHOLE COMMINGLE		
OTHER: OT	HER:	П
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
Establish injection rate down bradenhead		
6/11/2012 - RU pump truck on the tbg-csg annulus. Pressure test the annulus to 550 PSIG and monitor for 15 min. for any leak off. Tie		
into bradenhead valve and establish rate between the 5-1/2" and 8-5/8" csg.		
6/13/2012 – Squeeze off bradenhead flow. Flush w/25 bbls fresh water displacing cement to 803/ from surface. Close in bradenhead. RD cementers.		
6/15/2012 – Notify OCD and run MIT.		
Perfs are 8738' – 8851'		
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		
Type or print nameSylvia Shoemaker E-mail address: sshoemaker@sheridanproduction.com PHONE:432 596-4266		
For State Use Only		
APPROVED BY: London TITLE SANTING DATE 6-/2-2012		
Conditions of Approval (if any):	DATE (2)	16-416