

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

HOBBS OGD

JUL 17 2012

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-29382

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

North Vacuum ABO North Unit 20

8. Well Number

2

9. OGRID Number

252496

10. Pool name or Wildcat North Vacuum (ABO)

## 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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other Injection ☐

2. Name of Operator

Sheridan Production Company

3. Address of Operator

200 N. Loraine Ste. 530 Midland, TX 79701

4. Well Location

Unit Letter M: 660 feet from the SOUTH line and 660 feet from theWEST lineSection 2Township 17-SRange 34-ENMPM LeaCounty ✓

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4053 GL

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

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐PLUG AND ABANDON ☐TEMPORARILY ABANDON ☐CHANGE PLANS ☐PULL OR ALTER CASING ☐MULTIPLE COMPL ☐DOWNHOLE COMMINGLE ☐OTHER: ☐

## SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒

xx

ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: ☐

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.

7/11/2012 RAN MIT @ 510# FOR 30 MINUTES. WITNESSED AND SIGNED OF ON BY MAXEY BROWN

CIBP set @ 8560' w/35 sxs cmt. Perfs are 8632' - 8804'

This Approval of Temporary  
Abandonment Expires 7-11-2017

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

07/11/2012

Type or print name Sylvia Shoemaker E-mail address: sshoemaker@sheridanproduction.com PHONE: 432 596-4226

## For State Use Only

APPROVED BY:

[Signature]

TITLE

Dist. Mgr.

DATE

7-19-201

Conditions of Approval (if any):

JUL 19 2012

