

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

WELL API NO. 30-025-07898	<input checked="" type="checkbox"/>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name WYLIE FEDERAL	<input checked="" type="checkbox"/>
8. Well Number 3	<input checked="" type="checkbox"/>
9. OGRID Number	
10. Pool name or Wildcat	

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 SWD

2. Name of Operator
SHERIDAN PRODUCTION COMPANY

3. Address of Operator
200 N. LORAIN STE. 530 MIDLAND, TX 79701

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 _____

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

HOBBS OCD
 FEB 10 2016
 RECEIVED

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"/>		OTHER: RUN MIT <input type="checkbox"/>	
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <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

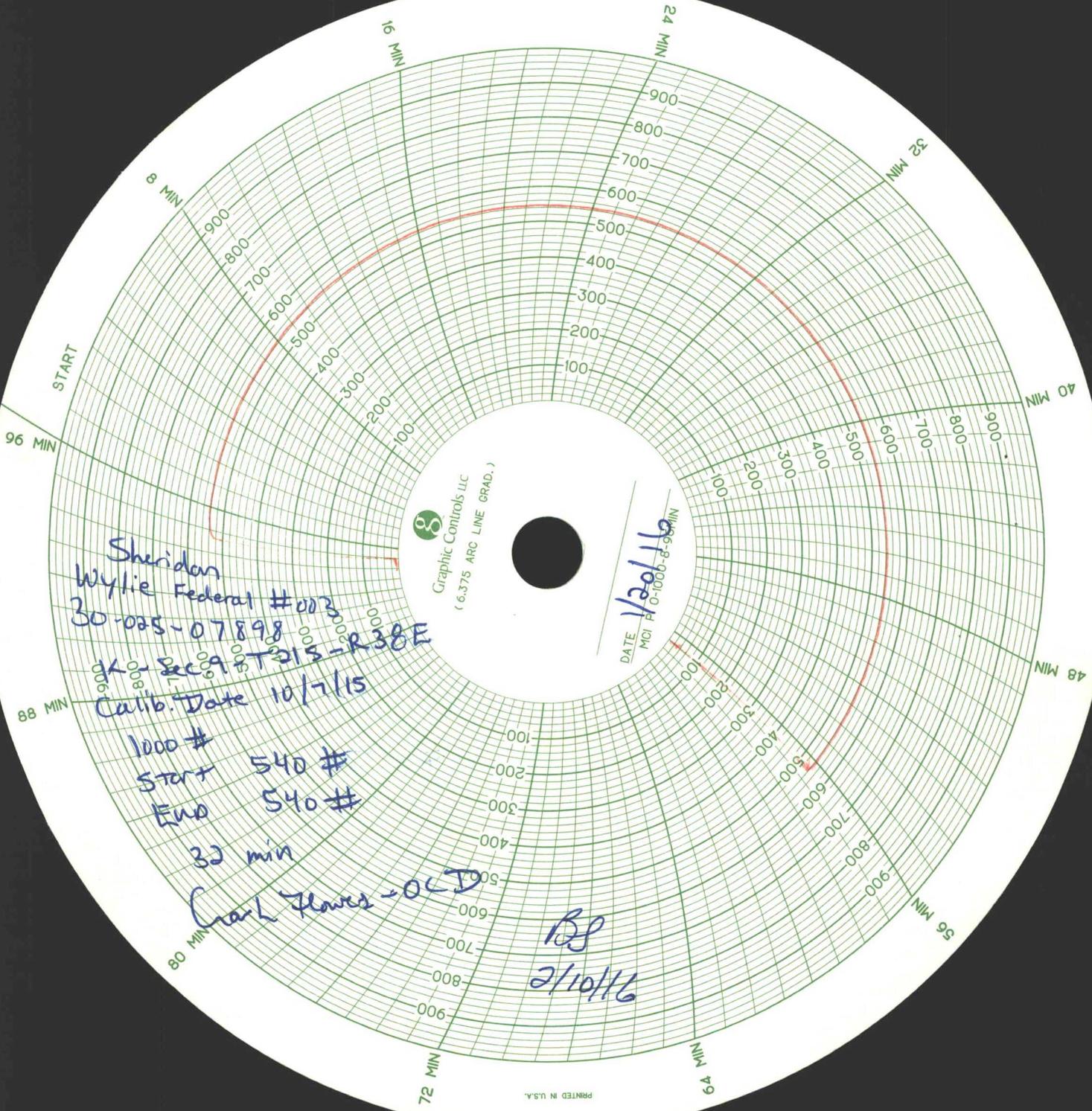
Type or print name Sylvia Shoemaker E-mail address: sshoemaker@seridanproduction.com PHONE: 432 683-5271

For State Use Only

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

FEB 11 2016

cy



Graphic Controls LLC
(6.375 ARC LINE GRAD.)

DATE 1/20/16
MCI P 6-1000-3-95 MIN

Sheridan
Wylie Federal #003
30-025-07898

K-SEC A STS-R38E

Calib. Date 10/7/15

1000 #
Start 540 #
End 540 #

33 min

Crack Flaws - O.D.

BS
2/10/16