Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u>	Energy, Minerals and Natural Resources	WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		30-025-25048
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Pe, 14WI 87505	6. State Off & Gas Lease No.
87505	OFG AND DEPONER ON HELL C	7. Lease Name or Unit Agreement Name
	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "APPLIC	CATION FOR PERMIT" (FORM C-101) FOR SUCH	NVANU 19'
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other WATER /NJECT	8. Well Number
2. Name of Operator	Sivery Parentally	9. OGRID Number
SHEE	ENERGY COMPANY	10. Pool name or Wildcat
3. Address of Operator	ox 3068, Midland, Tx 7970.	
4. Well Location	in soo, maissay in 1110	Wilder / 150 / CORIA
Unit Letter J:	1980 feet from the South line and	1980 feet from the EAST line
Section 2	Township 175 Range 34E	NMPM County LEA
	11. Elevation (Show whether DR, RKB, RT, GR, et	tc.)
Pit or Below-grade Tank Application 🔲 or	4045' BR	
Pit type Depth to Groundwa		Distance from nearest surface water
Pit Liner Thickness: mil		Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A		
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	<u> </u>
	_	_
OTHER:	eted operations. (Clearly state all pertinent details, a	and give pertinent dates including estimated date
	rk). SEE RULE 1103. For Multiple Completions:	
Dimo 10	5 SXS C/S C CEN	ENT Chair ANNILLE
Tarip 100 on con contrati		
OF RIMP 105 SXS CLS C'CEMENT down ANNUUS OF 858" X 412" CASING ON 12/27/06 FAILED MIT TEST WELL 15 STATE TO THE		
01 010 × 1/2 CASING ON 12121150		
FAILEN MIT TEST WELL 15		
/ // 22		A. T. T.
		(2 20 AG E)
		15 M
		7.120
		18086280
I hereby certify that the information a grade tank has been/will be constructed or c	bove is true and complete to the best of my knowled lossed according to NMOCD guidelines [], a general permit [ge and belief. I further certify that any pit or below-
SIGNATURE SUPYELL WAS	TITLE DET ENG.	DATE 6// 10 /
Type or print name	E-mail address: 9hAmis	DATE <u>6///07</u> 432 DSASSMID. COM _{Telephone} No. 683 5271
NOT STATE LIGHT INV		
	F.1	
9/	F 1	TIVE II/STAFF MANAGEF
APPROVED BY: Lauf	F 1	