| Submit 3 Copies To Appropriate District Office | State of New Mexico | | Form C-103 | |
|--|---|------------------------------|--------------------------------------|--------------------------|
| District I 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Nat | ural Resources | WELL API NO. | May 27. 2004 |
| District II 1301 W. Grand Ave , Artesia, NM 88210 | OIL CONCEDUATION DIVICION | | 30-022-25146 | |
| District III | 1220 South St. Francis Dr. | | 5. Indicate Type of Lea STATE | se 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 | | S B-936 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | 7. Lease Name or Unit Agreement Name | |
| DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS) | | | NORTH VACUUM ABO NORTH UNIT | |
| 1. Type of Well: Oil Well Gas Well Other | | | 8. Well Number | |
| | | | 1 | |
| 2. Name of Operator SHERIDAN PRODUCTION COMPANY, LLC | | | 9. OGRID Number 252 49 b | |
| 3. Address of Operator | | | 10. Pool name or Wildo | eat |
| 200 N. LORAINE, STE 530, MIDLAND, TX 79701 | | | NORTH VACUUM AB | 3O |
| 4. Well Location | ICO fact from the COUTH | 1: 4 | CCO Coat Coass the | FACT E |
| Unit Letter P: 4 Section 36 | 160feet from theSOUTH_ 165_Township_34E_R | | feet from the NMPM Lea County | |
| Section 36 165 Township 34 E Range NMPM Lea County . 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | |
| 4037 GR' | | | | |
| Pit or Below-grade Tank Application ☐ o Pit type Depth to Groundwa | | water well Diete | non from nonnect conformation | |
| Pit typeDepth to GroundwaterDistance from nearest fresh water wellDistance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| | | , | • | |
| NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR | | | SEQUENT REPOR | T OF: RING CASING □ |
| TEMPORARILY ABANDON | | | | |
| PULL OR ALTER CASING | MULTIPLE COMPL | CASING/CEMENT | JOB 🗆 | |
| OTHER: | П | OTHER: | TA | |
| 13. Describe proposed or comp | leted operations. (Clearly state all | pertinent details, and | give pertinent dates, incl | uding estimated date |
| of starting any proposed wo or recompletion. | rk). SEE RULE 1103. For Multip | ole Completions: Atta | ach wellbore diagram of p | proposed completion |
| or recompletion. | | | | |
| Called Gandy Corporation to run me Test to at least 500# | chanical integrity test. | | | |
| 5/30/08 Gandy Corporation ran MIT | at 600#. | | | |
| Tested Okay | | | | |
| June 2 called Donna at OCD and after Be used to put this well back in comp | r speaking with Chris Williams de bliance and put in TA status | termined that the cha | rt we had run on 5/30/08 | would |
| | | | eceivel |) |
| Casing @ 600# Tbg0-# | | , " | | |
| Chart attached This Approva | al of Temporary | | JUN 0 3 2008 | |
| Abandonmei | al of Temporary nt Expires 6/5/201 | 3 8 8 8 | anno oo | a granita |
| | / manage | | JEBO UU | |
| I hereby certify that the information a | above is true and complete to the b | est-of-my knowledge | and belief. I further certify | v that any pit or below- |
| grade tank has been/will be constructed or | closed according to NMOCD guidelines | 🗌, a general permit 🔲 o | r an (attached) alternative OC | CD-approved plan □. |
| SIGNATURE Was Sh | comaker_title_ | Regulatory Anal | ystDATE6/2/08 | |
| Type or print name | E-mail ac | ldress: | Telephon | ie No. |
| For State Use Only | - \ | * | • | |
| APPROVED BY: hus | Sillian OC DISTRIC | T SUPERVISOR/GEN | ERAL MANAGEF DAT | F |
| Conditions of Approval (if any): | | | DAT | L/ |

