

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103

June 19, 2008

RECEIVED

SEP 19 2008

HOBBES (11)

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-25207

5. Indicate Type of Lease

STATE ☒ FEE ☐6. State Oil & Gas Lease No.
B-22447. Lease Name or Unit Agreement Name
North Vacuum ABO North Unit 14

8. Well Number 3

9. OGRID Number 20054

252496

10. Pool name or Wildcat
Vacuum Abo North

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 ☐2. Name of Operator
Sheridan Production Company, LLC3. Address of Operator
200 N. Loraine Ste. 530 Midland, TX 79701

4. Well Location

Unit Letter E : 2180 feet from the North line and 660 feet from the West line
Section 12 Township 17-S Range 34-E NMPM Lea County11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4030 GR

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 ☐

SUBSEQUENT REPORT OF:

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

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.

Performed Mechanical Integrity Test 8/27/2008. OCD Maxey Brown witnessed. CIBP Set @ 8482' W/10' cmt.

This Approval of Temporary
Abandonment Expires 9-22-2013

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 9/11/2008

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

For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY: Tony W. Hill TITLE

DATE

SEP 23 2008

Conditions of Approval (if any):

