

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

APR 08 2009

HOBBSDO

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-29192	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. 61760	
7. Lease Name or Unit Agreement Name North Vacuum Abo North Unit #9	✓
8. Well Number 3	✓
9. OGRID Number 020054	✓
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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input type="checkbox"/>	
2. Name of Operator Sheridan Production, LLC	
3. Address of Operator 200 N. Loraine Ste. 530 Midland, TX 79701	
4. Well Location Unit Letter <u>O</u> : <u>460</u> feet from the <u>South</u> line and <u>1680</u> feet from the <u>East</u> line Section <u>2</u> Township <u>17-S</u> Range <u>34-E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4046' 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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ 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.

3/22/09 Sqz csg leak

3/26/09 Acidize perfs w/2500 gals 15% NEFE double inhibitor

3/27/09 Run new 2-3/8 tbg to 8465'

Set packer @ 8469'

Perform casing integrity test for 30 minutes

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 03/02/09

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

For State Use Only

APPROVED BY: [Signature] TITLE DISTRICT 1 SUPERVISOR DATE APR 13 2009

Conditions of Approval (if any):

