Submit 3 Copies To Appropriate District Office	State of New Mexico		30.025.31342	Form C-103 June 19, 2008
District I 1625 N French Dr., Hobbs, NM 88240		WEL	L APLYO.	34110 17, 2000
District II 1301 W Grand Ave., Artesia, RECEIVEDCONSERVATION DIVISION			dicate Type of Lease	
District III 1220 South St. Francis Dr.		or.		EE 🗆 🖊
DISTRICT IV	S 44114 1 2, 1 11/1 2 1 2 2	6. St	ate Oil & Gas Lease N	lo.
1220 S. St Francis Dr., Santa Fa, HOBBS 87505	OCD	E-576	55	
	S AND REPORTS ON WELLS		ease Name or Unit Agr	eement Name
(DO NOT USE THIS FORM FOR PROPOSAL DIFFERENT RESERVOIR USE "APPLICAT PROPOSALS.)			NVANU "2" A	/
	s Well Other	8. W	'ell Number	
2. Name of Operator		0.00	GRID Number	
2. Name of Operator Sheridan Production Company, LI	.c	9. 0	252496	
3. Address of Operator		10. F	Pool name or Wildcat	11
200 N. Loraine, Ste. 530, Midland	I, 1X 79701		North Vacuum	460
4. Well Location Unit Letter M:	760 feet from the South	line and 660	feet from the	West line
Section 1	Township 17S Rang		NMPM Lea	County
	1. Elevation (Show whether DR, RKB, 4032' GR	RT, GR, etc.)		
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 ☐				
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL				
PULL OR ALTER CASING M	MULTIPLE COMPL CAS	SING/CEMENT JOB		
DOWNHOLE COMMINGLE				
OTHER:	□ ОТН			
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.				
1. Perf'd 8580 – 82', 8598 – 8600', 8614 – 17', 8637 – 39', 8642 – 46', & 8668 – 8752' w40 holes (2 SPF).				
2. Squeezed casing leak 5255 – 5411' w/150 sx cmt.				
3. Acidized w/15,000 gals 15% gelled acid + 15,500 gals fresh water + 40 RCN balls.				
4. RIH w/tubing, rods & pump.				
5. Returned to production.				
Spud Date:	Rig Release Date:			
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
John L	\bigcap			
SIGNATURE YOU CAN	TITLE Engr T	ech_	DATE <u>5/11</u>	/2009
Type or print name <u>Sabra Teal</u>	E-mail address: _stea	l@sheridanproductio	on.com_ PHONE: <u>43</u>	2-253-7963
For State Use Only	_ DETDAL	ium enginesa	M	AY 18 2009
APPROVED BY: Conditions of Approval (if any):	TITLETITLE	OM MACHARAM	DATE	I - 1990 a.
or ripprovar (ir air).				