

June 19, 2008

Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505

87505

RECEIVED

APR 05 2010

HOBBSOCD

CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-23638

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

B-2244

7. Lease Name or Unit Agreement Name

NVANU 14

8. Well Number

1

9. OGRID Number

10. Pool name or Wildcat

North Vacuum (Abo)

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 Injection ☒

2. Name of Operator

Sheridan Production Company, LLC

3. Address of Operator 200 N. Loraine Ste. 530

Midland, TX 79701

4. Well Location

Unit Letter D : 860 feet from the NORTH line and 660 feet from the WEST line
Section 12 Township 17S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

4037' 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: REACTIVATE INJECTION WELL ☐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
1/26/2010 MIRU WOR, POOH w/tbg. pressure test csg and repair, drill out CIBP, fish packer, Run pkr. And tbg and return to injection. Packer @ 8460'. Perfs 8559'-8603' : Run MIT 3/11/2010 @ 520# for 30 min.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

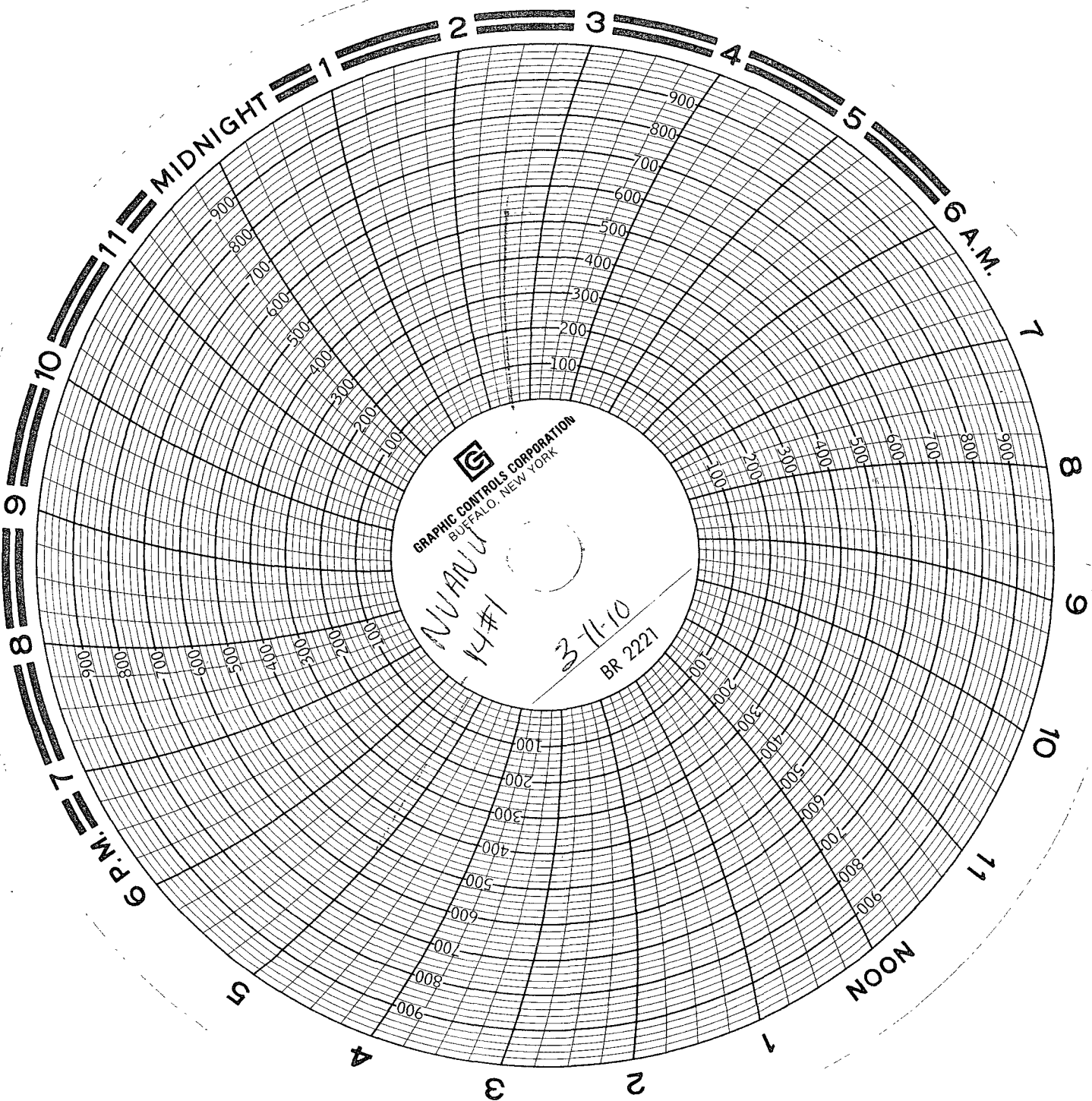
SIGNATURE Sylvia Shoemaker TITLE Regulatory Analyst DATE 03/31/2010Type or print name Sylvia Shoemaker E-mail address: shoemaker@sheridanproduction.com PHONE: 432 683-5271**For State Use Only**APPROVED BY: [Signature] TITLE STAFF MGR DATE 4-7-10

Conditions of Approval (if any):

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

NUANU
14#1

3-11-10
BR 2221



31 11 / 10

GANDY CORP.

Chilo montes

Recorder #3

CAIB: DATE 2/3/10

shedrian

AVANA 14-1