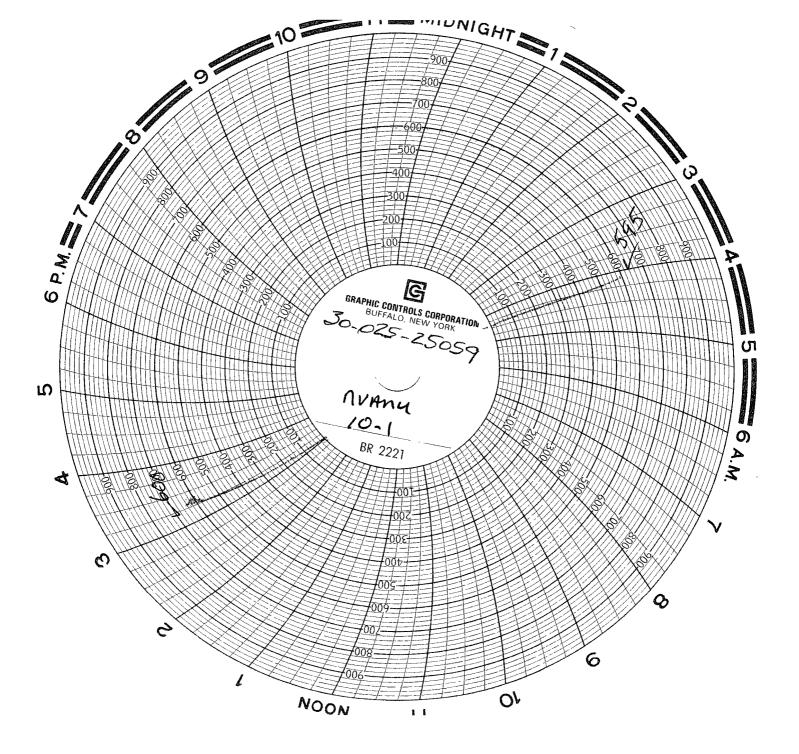
Submit 3 Copies To Appropriate District Office S	tate of New Mexico	Form C-103
District I Energy, M	inerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs. NM.88240 9 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CON	SERVATION DIVISION	30-025-25059 V
The state of the s		5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 C 2510 Sonto Fo NIM 97505		STATE xx FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Sanfa (1) 1850 U		936
87505		
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		NVANU 10
1. Type of Well: Oil Well Gas Well xx Other		8. Well Number 1 /
2. Name of Operator		9. OGRID Number 252496
Sheridan Production Company, LLC		
3. Address of Operator 200 N. Loraine Ste. 530 Midland, TX 79701		10. Pool name or Wildcat North Vacuum (Abo)
4. Well Location	· · · · · · · · · · · · · · · · · · ·	
Unit LetterD_:860feet from the North line and660feet from the West line		
Section 1 Township 17S Range 34E NMPM County Lea		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
4046.8 GR		
Description of the second seco		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO		SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABA		
TEMPORARILY ABANDON CHANGE PLAN		ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE CON	IPL CASING/CEMEN	T JOB
DOWNHOLE COMMINGLE		
OTHER:	OTHER:	П
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.		
Change out tbg, valve.		
Ran MIT on 4/20/2010 on 2-3/8" tbg to 600#. Chart included.		
C. J.D.		
Spud Date:	Rig Release Date:	
I horaby goverify that the information about it		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
D.I.a.O.		
SIGNATURE TO Churchini	TITLE Prod Foreman	DATE 04/21/2010
Type or print name _Ricky Chesshire E-mail address: _rchesshire@sheridanproduction.com PHONE: 432 2698-8489		
For State Use Only		
APPROVED BY: Mach Whitalu TITLE Compliance Officer DATE 4/22/2010		
Conditions of Approval (if any):		



y 120 110 BARDY WIT 3 4/19/10 CAIB'. DATE RECEIVED ATR 222000