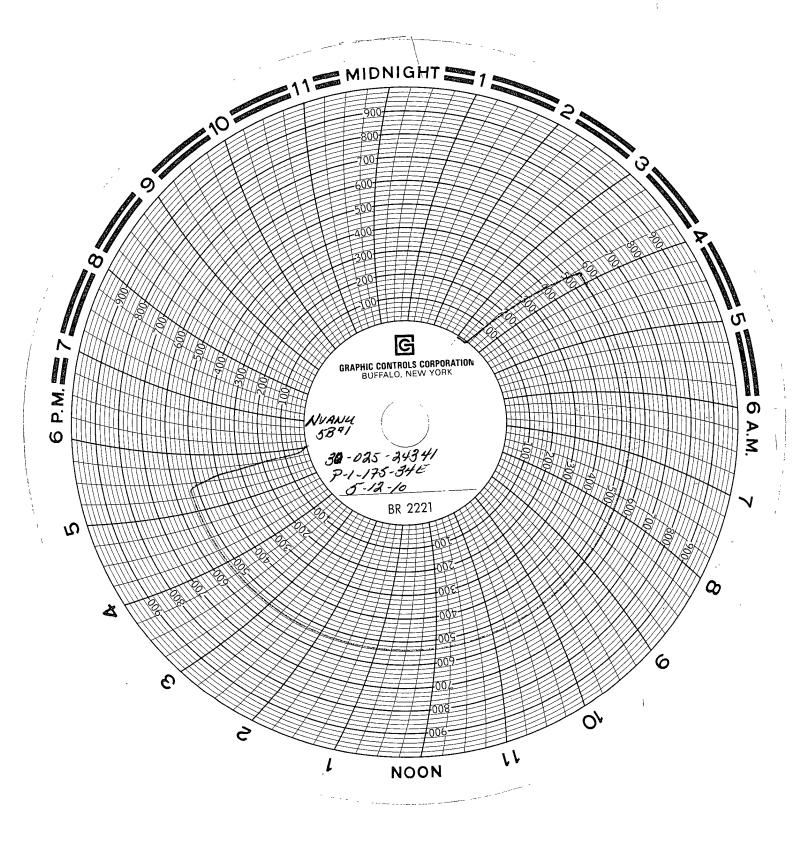
Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resource	Form C-103 June 19, 2008
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>		WELL API NO.
1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE xx FEE
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa Fe, NM 87505	6. State Oil & Gas Lease No. NM-4160
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPLI	ICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name NVANU 5-B
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other Injection	8. Well Number 1
2. Name of Operator Sheridan Production Company, LI	.c	9. OGRID Number 252 496
3. Address of Operator 200 N. Lo Midland,		10. Pool name or Wildcat North Vacuum (Abo)
4. Well Location		
Unit Letter P :	660feet from the _South line and86	
Section 1 Township 17S Range 34E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
	4022' 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 xx ALTERING CASING □
TEMPORARILY ABANDON		DRILLING OPNS. P AND A
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CE	MENT JOB
OTHER:	☐ OTHER:	П
13. Describe proposed or comp	oleted operations. (Clearly state all pertinent detai	ls, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion		
04/13/2010 Test csg for leak. Replace nipples and valves. Run csg. inspection log and Replaced 1 jt. Of 5-1/2 ". RIH w/pkr and set @		
8653'. Run MIT to 520#. E. L. Gonzales witnessed. Perfs @ 8712'-8735'		
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		
Type or print name _James Bush E-mail address: _jbush@sheridanproduction.com PHONE: 432 213-3400		
For State Use Only		
APPROVED BY: DATE 5-20-10 Conditions of Approval (if any)		
/ 6	//	



Shedrian Shedrian NUANU'5' B #1-W NUANU'5' B #1-W CHART RECORDER #3 CHART RECORDER #3 CHART RECORDER #3 CAIB: DATE 5/1/10 Chilo Montes UNIT #608