

State of New Mexico
Energy, Minerals and Natural ResourcesCorrected from
6-4-10

RECEIVED JUN 17 2010 HOBBSOCD		WELL API NO. <u>30-025-224648</u> <u>24648</u> 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> 6. State Oil & Gas Lease No.
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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>Injection</u> 2. Name of Operator Sheridan Production Company, LLC 3. Address of Operator 200 N. Loraine Ste. 530 Midland, TX 79701		7. Lease Name or Unit Agreement Name NVANU 16 8. Well Number <u>2162</u> ✓ 9. OGRID Number <u>25246</u> <u>252496</u> ✓ 10. Pool name or Wildcat North Vacuum (Abo) ✓
4. Well Location Unit Letter <u>L</u> : <u>1780</u> feet from the <u>SOUTH</u> line and <u>460</u> feet from the <u>WEST</u> line Section <u>36</u> Township <u>16S</u> Range <u>34E</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

05/26/2010 Pulled tbg 7 rods, Set CIBP over perfs @ 8677' w/35' cmt on top of plug. Run MIT to 560#. Not witnessed by OCD. TA'd wellbore.

Perfs. 8777' - 8836'

8855' - 8915'

This Approval of Temporary
Abandonment Expires 3-29-2015

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 06/16/2010Type 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 6-17-10

Conditions of Approval (if any):

Am.



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

SHERIDAN 5-26-10
NIVANO
#16-2
GANDY CORP UNITEOS
NICK J

BR 2221

