

Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II – (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III – (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV – (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
Revised August 1, 2011

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-28061
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> Injection Well		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator MCGOWAN WORKING PARTNERS, INC.		6. State Oil & Gas Lease No. B - 2317
3. Address of Operator P.O. BOX 55809, JACKSON, MS 39296-5809		7. Lease Name or Unit Agreement Name State 35 Unit
4. Well Location Unit Letter <u>I</u> : <u>1410</u> feet from the <u>South</u> line and <u>10</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17 S</u> Range <u>34 E</u> NMPM County <u>Lea</u>		8. Well Number <u>029</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4004 GL & 4013 DF		9. OGRID Number <u>220397</u>
		10. Pool name or Wildcat Vacuum Grayburg San Andres

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 ☐

**SUBSEQUENT REPORT OF:**  
REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

ESTIMATED START DATE FOR PROPOSED WORK:

1. Pull injection tubing & packer.
2. Inspect tubing & packer (we suspect hole in tubing).
3. Replace/repair as required.
4. Run injection tubing & packer back in hole same as before but will file subsequent report with details if any changes.
5. Perform witnessed MIT & return to service. **24 HR notice prior to Post Workover Test**

Spud Date: 02/01/1983

Rig Release Date:

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

SIGNATURE  TITLE Regulatory Officer DATE

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com PHONE: (601) 982-3444

**For State Use Only**

APPROVED BY:  TITLE Compliance Officer A DATE 12-7-2020

Conditions of Approval (if any):