

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

Form C-103
Revised July 18, 2013

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

WELL API NO. 30 025 20228
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-3196
7. Lease Name or Unit Agreement Name State 35 H
8. Well Number 9
9. OGRID Number 220397
10. Pool name or Wildcat Vacuum; Abo. North

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 <input type="checkbox"/>
2. Name of Operator McGowan Working Partners, Inc.
3. Address of Operator P O Box 55809, Jackson MS 39296-5809
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>460</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023' GL

HOBBES OCD

MAY 04 2016

RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

PERMITTING <SWD INJECTION> CONVERSION <u>MB</u> RETURN TO <u>TA</u> CSNG <u>ENVIRO</u> CHG LOC INT TO PA <u>P&A NR</u> P&A R	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/>
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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.

1. Completed Pressure test of well for reinstatement of T/A status.

This Approval of Temporary
Abandonment Expires 3/22/2018

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 [Signature] TITLE Regulatory Officer DATE 04/15/16

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

For State Use Only

APPROVED BY: Malay S Brown TITLE Dist Supervisor DATE 5/4/2016

Conditions of Approval (if any):

MAY 05 2016

MB

