

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 28054
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name State 35 Unit
8. Well Number 04
9. OGRID Number 220397
10. Pool name or Wildcat Vacuum; Greyburg/San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023' GL

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 ☐ Gas Well ☒ Other (WIW) **HOBBS OCD**

2. Name of Operator
McGowan Working Partners, Inc. **MAY 04 2016**

3. Address of Operator
P O Box 55809, Jackson MS 39296-5809 **RECEIVED**

4. Well Location
Unit Letter E : 1330 feet from the North line and 110 feet from the West line
Section 35 Township 17S Range 34E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4023' GL

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

E-PERMITTING <SWD INJECTION> CONVERSION <u>MB</u> RETURN TO <u>TA</u> CSNG <u>ENVIRO</u> CHG LOC <u>MB</u> INT TO PA <u>P&A NR</u> P&A R <u>MB</u> OTHER: <input type="checkbox"/>	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"/>
--	--

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 3/22/2017

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

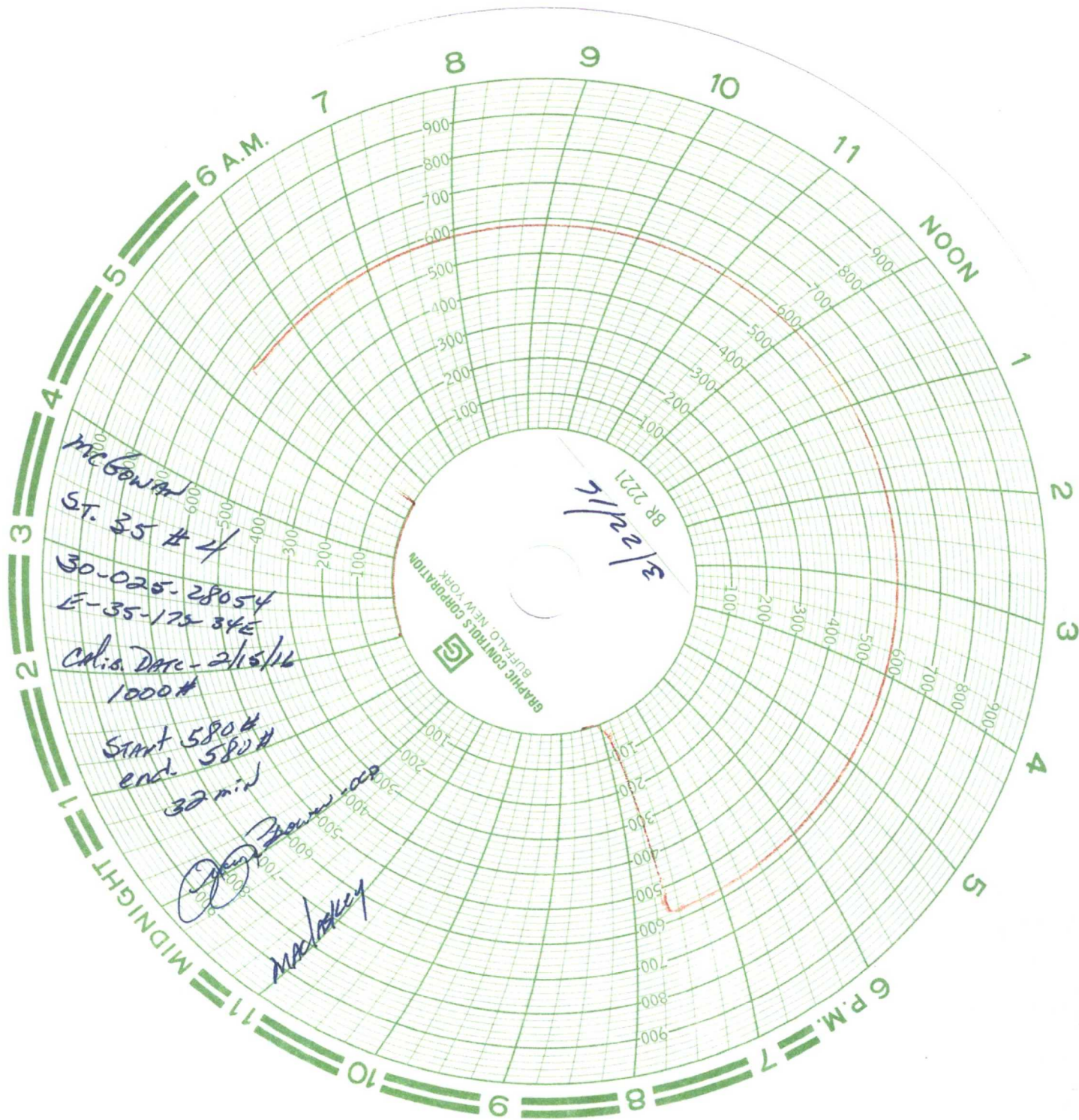
For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 5/4/2016

Conditions of Approval (if any):

MAY 05 2016

MB



McGowan

ST. 35 #4

30-025-28054

E-35-175 84E

Calc. Date - 2/15/16

1000 #

Start 580 #

end. 580 #

32 min

D. J. [signature]

m. [signature]

BR 2221
2/22/16