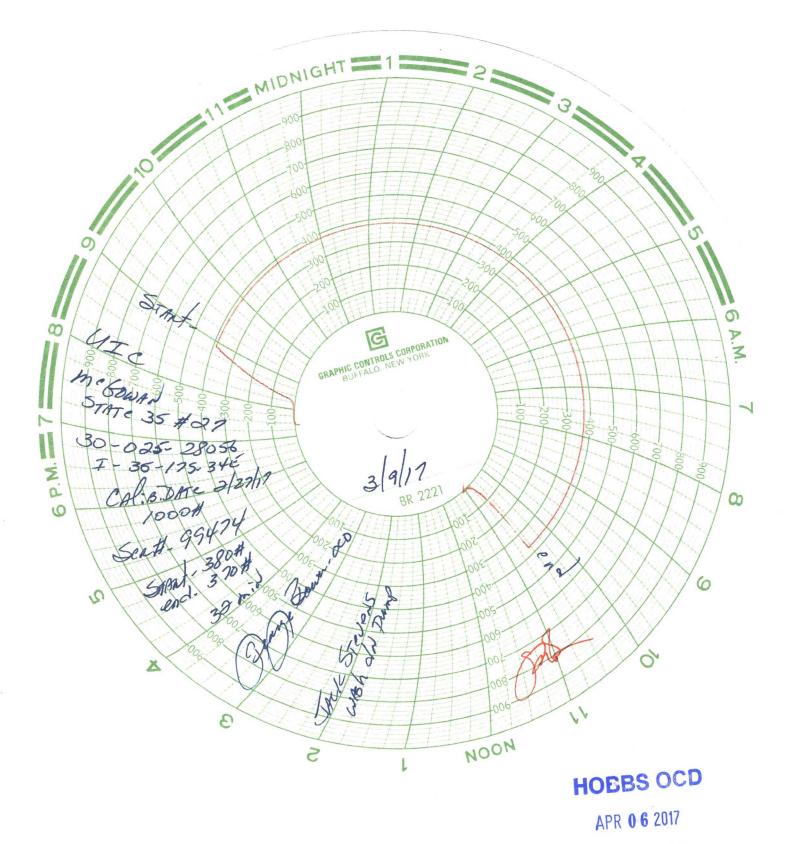
| Office       Deviced July 18, 2013         Defined L_1573 993-614       Deviced July 18, 2013         Last N, Hends N, | Submit 1 Copy To Appropriate District   | State of New Maria                      | Form C-103                 |  |
|---|---|---|----------------------------|--|
| Description         0.0025-28836           115. First S., reask, MM 83710         1220 South St. Francis Dr.           South St. Francis Dr.         Santa Fe, NM 87505           1220 South St. Francis Dr.         South St. Francis Dr.           St. First, St. Actes, MM 83710         FEE           1220 South St. Francis Dr.         South St. Francis Dr.           St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           9         St. Force Dr., Sama Fc, RECEIVED           1230 St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           1230 St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           1230 St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           1230 St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           1230 St. Force Dr., Sama Fc, RECEIVED         Stata Fe, NM 87505           1200 St. Stata Fe, NM 87505         Stata Fe, NM 87505           1200 Stata Feaster Visite Feaster Visite Feaster Feaster Feaster Feaster Feaster   | Office  | Minerals and Natural Resources          |                            |  |
| Bit S, Firels A, Arteia, NM 8310APR 0 6 2011       COULD CONSERVATION DUVISION.       S. Indicat Type of Lease         1000 Re haros R4, Area, NM 8740       Santa Fe, NM 87505       STATE       FE       6. State Oil & Gas Lease No.         1220 S S. Francis Dr., Santa Fe, CELVED       Santa Fe, NM 87505       EAST       6. State Oil & Gas Lease No.         1220 S S. Francis Dr., Santa Fe, CELVED       Santa Fe, NM 87505       EAST       6. State Oil & Gas Lease No.         1220 S S. Francis Dr., Santa Fe, CELVED       Santa Fe, NM 87505       B.2317       FEE       6. State Oil & Gas Lease No.         1230 S S. Francis Dr., Santa Fe, CELVED       Santa Fe, NM 87505       B.2317       FEE       6. State Oil & Gas Lease No.         1305       SUNDRY NOTICES AND REPORTS ON WELLS       County Bracking Andress To DRILL OR TO DEBERS OR PLUG BACK TO A       FL Lease Name or Unit Agreement Name         1007 FORM RESEVOR. US * APULCATION FOR PERMIT (FORM - 01) FOR SUUCH       P. Case Name or Wildcat       VACUUM GB/SA         4. Well Location       II. Elevation (Show whether DR, RKB, RT, GR, etc.)       II. Elevation (Show whether DR, RKB, RT, GR, etc.)       II. Elevation (Show whether DR, RKB, RT, 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 AREADON         MULTPLE COMEN         OHANGE PLULVER   | District II (575) 749 1992  |   |                            |  |
| 12000 Bit Provided Actes NM 87410       Santa Fe, NM 87505       Site Cill & Gas Lease No.         12000 NC USE THE FORM TOR PROPOSALS TO DRIVE ON WELLS       G. State Cill & Gas Lease No.       B-2317         12000 NC USE THE FORM TOR PROPOSALS TO DRIVE ON WELLS       T. Lease Name or Unit Agreement Name         1000 NC USE THE FORM TOR PROPOSALS TO DRIVE ON OF PERMIT (FORM C-101) FOR SUCH       R. Well Number 27         1000 NC USE THE FORM TOR PROPOSALS TO DRIVE ON THE STATE 35 UNIT       North Proposal 2000 NC NORTH PROPOSALS TO DRIVE ON PROPOSALS TO DRIVE ON PROPOSALS TO PROPOSALS TO DRIVE ON PROPOSALS TO PROPOSAL  | 811 S. First St., Artesia, NM 88210 DD 0 6 2011   |   |                            |  |
| 1220.5. St Primer Dr., Sama P., KECEVED       B-2317         57303       SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name         57303       Type of Well: Oil Well       Gas Well       7. Lease Name or Unit Agreement Name         57304       SUNDRY NOTICES AND REPORTS ON WELLS       7. Lease Name or Unit Agreement Name         57305       Type of Well: Oil Well       Gas Well       Other       8. Well Number 27         9. Name of Operator       9. OGRID Number 220397       9. OGRID Number 220397         McGowan Working Partners Inc       9. OGRID Number 220397       9. OGRID Number 220397         10. Pool name or Wildcat       PO Box 55809 Jackson, MS 39296-5809       10. Pool name or Wildcat         4. Well Location       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         SUBSEQUENT REPORT OF:         REMEDIAL WORK   PLUG AND ABANDON           COMMERCE DRILLING OPNS   ALTERING CASING           COMMERCE DRILLING OPNS   ALTERING CASING           OTHER: Pressure Test PASING           OTHER: Pressure Test PASING            Other Pasing Pasing Pasing   | 1000 Rio Brazos Rd., Aztec, NM 87410  |   |                            |  |
| SUNDRY NOTICES AND REPORTS ON WELLS       7. Lesse Name or Unit Agreement Name         DPD ON OUT UST HIP FORM OR PROPOSALS TO DAIL OR TO DEEPER OR PLUE BACK TO A       7. Lesse Name or Unit Agreement Name         PROPOSALS       GRID Number 27       9. OGRID Number 220397         McGowan Working Partners Inc       9. OGRID Number 220397       9. OGRID Number 220397         Address of Operator       9. OGRID Number 220397       9. OGRID Number 220397         McGowan Working Partners Inc       10. Pool name or Wildcat       9. OCUUM GB/SA         4. Well Leation       10. Pool name or Wildcat       9. OCUUM GB/SA         4. Well Letter:1360feet from the _Sline and _1210feet from the _Eline       11. Elevation (Show whether DR, RKB, RT, 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  CHANDE PLANS   | District IV - (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, <b>RECEIVED</b><br>87505                             | Summer of Fill OF 505                   |                            |  |
| DiFFERENT RESERVOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH       B. Well Number 27         1. Type of Well: Oil Well       Gas Well       Other         2. Name of Operator       9. OGRID Number 220397         McGowan Working Partners Inc       9. OGRID Number 220397         3. Address of Operator       10. Pool name or Wildeat         PO Box 55809 Jackson, MS 39296-5809       VACUUM GB/SA         4. Well Leater       :1360       feet from the _S       line and _1210       feet from the _E       line         Section 35       Township 17S       Range 34E       NMPM       LEA       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:       REMEDIAL WORK       A LTERING CASING         PULL OR ATTER CASING       MULTIPLE COMPL       CMMENCE DRILLING OPNS.       P AND A         DOWNHOLE COMMINGLE       OTHER:       Pressure Test Status and give pertinent dates, including estimated date of stating any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attack wellbore diagram of proposed completion or recompletion.         Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Rel   | SUNDRY NOTICES AND REPORTS ON WELLS   |   |                            |  |
| 1. Type of Well: Oil Well       Gas Well       Other       8. Well Number 27         2. Name of Operator       9. OGRID Number 220397         McGowan Working Partners Inc       10. Pool name or Wildcat         7. OB Dot 55809       VACUUM GB/SA         4. Well Location       10. Pool name or Wildcat         YACUUM GB/SA       10. Pool name or Wildcat         YACUUM GB/SA       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CMMENCE DENLLING OPNS         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DENLLING OPNS       PAND A         PULL OR ALTER CASING       MULTIPLE COMPL       OTHER: Pressure Test Test Test Test Test Test Test Tes   | DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH   |   | STATE 35 UNIT              |  |
| McGowan Working Partners Inc       I.0. Pool name or Wildcat         3. Address of Operator       I.0. Pool name or Wildcat         VO Box 55809 Jackson, MS 39296-5809       I.0. Pool name or Wildcat         VACUUM GB/SA       VacUUM GB/SA         4. Well Location       Intervention         Unit Letter       II. Elevation (Show whether DR, RKB, RT, GR, etc.)         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       II. Elevation (Show whether DR, RKB, RT, GR, etc.)         12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data       NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       CHANGE PLANS         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS:         OTHER:       Pressure Test       And A       CASING/CEMENT JOB         OTHER:       Pressure Test       CASING/CEMENT JOB       CASING/CEMENT JOB         OTHER:       Pressure Test       CASING/CEMENT JOB       CASING/CEMENT JOB         OTHER:       Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:       Intervention         I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
| 3. Address of Operator       10. Pool name or Wildcat         YACUUM GB/SA         4. Well Location         Unit Letter _ 1   |   |   | 9. OGRID Number 220397     |  |
| 4. Well Location Unit Letter_I:1360feet from the _Sine and1210feet from the _Eineine and1210feet from the _Eineine and1210feet from the _Eineine and1210feet from the _Eineine and1210feet from the _Eine   |   |   | 10. Pool name or Wildcat   |  |
| Unit Letter_1:1360feet from the _Sline and _1210feet from the _Eline         Section 35       Township 17S       Range 34E       NMPM       LEA       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       SUBSEQUENT REPORT OF:         REMEDIAL WORK       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       Pressure Test Test Test Test Test Test Test Tes   | PO Box 55809 Jackson, MS 39296-5809   |   | VACUUM GB/SA               |  |
| Section 35       Township 17S       Range 34E       NMPM       LEA       County         11. Elevation (Show whether DR, RKB, RT, GR, etc.)       11. Elevation (Show whether DR, RKB, RT, GR, etc.)       12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ClasseQUENT REPORT OF:         REMEDIAL WORK       PLUG AND ABANDON       CASING         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       CASING/CEMENT JOB         COTHER:       OTHER:       Fressure Test Casin Casin Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed or completion.         Pressure test Casing.       Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:       Image: Rig Release Date:         Intereby certify that the information above is true and complete to the best of my knowledge and belief.       Image: Rig Release Date:   |   | feet from the S line and 121            | 10 feet from the E line    |  |
| 11. Elevation (Show whether DR, RKB, RT, 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         CHANGE PLANS       ALTERING CASING         DUL OR ALTER CASING       MULTIPLE COMPL         COSED-LOOP SYSTEM       OTHER:         OTHER:       FesSure TesT CASIN?         OTHER:       OTHER: fressure TesT CASIN?         I3. 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.         Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:  |   |   |                            |  |
| NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       P AND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       CASING/CEMENT JOB       COMMENCE DRILLING OPNS.       P AND A         OTHER:       OTHER:       OTHER: <i>PLESSUPE CASING/CEMENT JOB</i> 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.         Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:         Interevention       Rig Release Date:   |   |   |                            |  |
| NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEDIAL WORK       PLUG AND ABANDON       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       ALTERING CASING         PULL OR ALTER CASING       MULTIPLE COMPL       COMMENCE DRILLING OPNS.       P AND A         DOWNHOLE COMMINGLE       MULTIPLE COMPL       CASING/CEMENT JOB       COMMENCE DRILLING OPNS.       P AND A         OTHER:       OTHER:       OTHER:       Fressure Test       CASING/CEMENT JOB         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.         Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:         Interevention       Rig Release Date:   |   |   |                            |  |
| PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       OTHER: <i>CASING/CEMENT JOB</i> OTHER:       OTHER:       OTHER: <i>CASING/CEMENT JOB</i> Pressure test Casing.       Start at 380psi End at 370psi.       Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:       Image: Casing/Cement Jobse is true and complete to the best of my knowledge and belief.  | 12. Check Appropriate   | e Box to Indicate Nature of Notice,     | Report or Other Data       |  |
| PERFORM REMEDIAL WORK       PLUG AND ABANDON       REMEDIAL WORK       ALTERING CASING         TEMPORARILY ABANDON       CHANGE PLANS       COMMENCE DRILLING OPNS.       P AND A         PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       OTHER: <i>CASING/CEMENT JOB</i> OTHER:       OTHER:       OTHER: <i>CASING/CEMENT JOB</i> Pressure test Casing.       Start at 380psi End at 370psi.       Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:       Image: Casing/Cement Jobse is true and complete to the best of my knowledge and belief.  | NOTICE OF INTENTION   | NTO SUB                                 | SEQUENT REPORT OF          |  |
| PULL OR ALTER CASING       MULTIPLE COMPL       CASING/CEMENT JOB         DOWNHOLE COMMINGLE       OTHER:       OTHER:         CLOSED-LOOP SYSTEM       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.         Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |   |   | K ALTERING CASING          |  |
| DOWNHOLE COMMINGLE  |   |   |                            |  |
| CLOSED-LOOP SYSTEM       OTHER: Pressure Test CASING         OTHER:       OTHER: Pressure Test CASING         I3. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed completion.         Pressure test Casing.       SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.         Pressure test Casing.       Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.         Spud Date:       Rig Release Date:         I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   | 1308                       |  |
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| Spud Date:  | proposed completion or recompletion.  |   |                            |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
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| I hereby certify that the information above is true and complete to the best of my knowledge and belief.  |   |   |                            |  |
|   | Spud Date:  | Rig Release Date:                       |                            |  |
|   |   |   |                            |  |
|   | I hereby certify that the information above is true   | and complete to the best of my knowledg | e and belief.              |  |
| A Art 3 a m   | 1 1 20  |   | 5 5 - m                    |  |
| SIGNATURE GACK Slevenson TITLE PUMPER DATE 3-31-2017  | SIGNATURE JACK Slevenso   | TITLE PUMPER                            | DATE <u>3-51-2017</u>      |  |
| SIGNATURE       Jack Stevenson       TITLE       PUMPEr       DATE 3-31-2017         Type or print name       JACK STEVENSON       E-mail address:       PHONE: 575-631-1083         For State Use Only       PHONE:       575-631-1083   | Type or print name <u>JACK STEVENS</u><br>For State Use Only  | ON E-mail address:                      | PHONE: <u>575-631-1083</u> |  |

| 0-2                              |
|----------------------------------|
| APPROVED BY: Show Qowe           |
| Conditions of Approval (if any): |

TITLE Compliance Officer DATE 4/19/19



RECEIVED