

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised June 10, 2003

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

WELL API NO. <b>30 025 02223</b>
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. <b>B-2317</b>
7. Lease Name or Unit Agreement Name <b>State 35 Unit No. 33</b>
8. Well Number <b>33</b>
9. OGRID Number <b>220397</b>
10. Pool name or Wildcat <b>Vacuum - Greyburg/San Andres</b>

<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.)	
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	
2. Name of Operator <b>McGowan Working Partners, Inc.</b>	
3. Address of Operator <b>P O Box 55809, Jackson MS 39296-5809</b>	
4. Well Location  Unit Letter <u>O</u> : <u>660</u> feet from the <u>FSL</u> line and <u>1980</u> feet from the <u>FEL</u> line  Section <u>34</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Clean out fill to TD (4721').
2. Acidize 4425' - 4721' with 4500 gallons, 15% Hcl. In three stages using salt blocks
3. Return to production

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

SIGNATURE Glenn Hepner TITLE Regulatory Officer DATE May 19, 2004

Type or print name: Glenn Hepner E-mail address: glenn@mcgowanwp.com Telephone No. 601-982-3444 Fax: 601-982-4014  
(This space for State use)

APPROVED BY Chris Williams TITLE District Supervisor DATE 6/10/04

Conditions of approval, if any: