

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. 30 025 33418
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name State 35 Unit No. 15
8. Well Number 15
9. OGRID Number 220397
10. Pool name or Wildcat Vacuum - Greyburg/San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 ☐

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 K : 2527 feet from the South line and 1955 feet from the West line
Section 35 Township 17S Range 34E NMPM County Lea

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	REMEDIAL WORK ☒
TEMPORARILY ABANDON	ALTERING CASING
PULL OR ALTER CASING	COMMENCE DRILLING OPNS.
OTHER:	PLUG AND ABANDONMENT
	CASING TEST AND CEMENT JOB
	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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.
- Set packer above perforations (perfs @ 4459-4501).
 - Acidize with 2000 gallon 15% Hcl. & one (1) 600 lb. salt block.
 - Return to production 6/18/04 per GA



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 18 June, 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 [Signature] TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 25 2004
Conditions of approval, if any