

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  
March 4, 2004

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30 025 28059
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name State 35 No. 17
8. Well Number 17
9. OGRID Number 220397
10. Pool name or Wildcat Vacuum - Greyburg/San Andres

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 J : 2360 feet from the South line and 1330 feet from the East line

Section 35 Township 17S Range 34E NMPM County Lea

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

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL      Sect      Twp      Rng      Pit type      Depth to Groundwater      Distance from nearest fresh water well     

Distance from nearest surface water      Below-grade Tank Location UL      Sect      Twp      Rng      ;

     feet from the      line and      feet from the      line

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING MULTIPLE COMPLETION

OTHER:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING

COMMENCE DRILLING OPNS. 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.

1. Pull tubing & packer to inspect for suspected leak.
2. Repair as required & run back in hole with tubing & packer to same +/- depths as removed.
3. Perform witnessed MIPT and return to service.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan.

SIGNATURE Glenn Hepner TITLE Regulatory Officer DATE 10 Nov 04

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com Telephone No. (601) 982-3444

(This space for State use)

APPROVED BY Sincerely Chris Williams TITLE NMOCD District 1 Supervisor DATE 11/10/04

Conditions of approval, if any: