

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 28054 ✓
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name State 35 Unit -
8. Well Number 4 ✓
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.)
HOBBS OCD
JUL 07 2015

1. Type of Well:
Oil Well Gas Well Other X (WIW)

2. Name of Operator
McGowan Working Partners, Inc. ✓

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.)

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 X 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. Completed/passed MIPT on 2/24/15.

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  TITLE Regulatory Officer DATE 4/1/15

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com Telephone No. (601) 987-1042

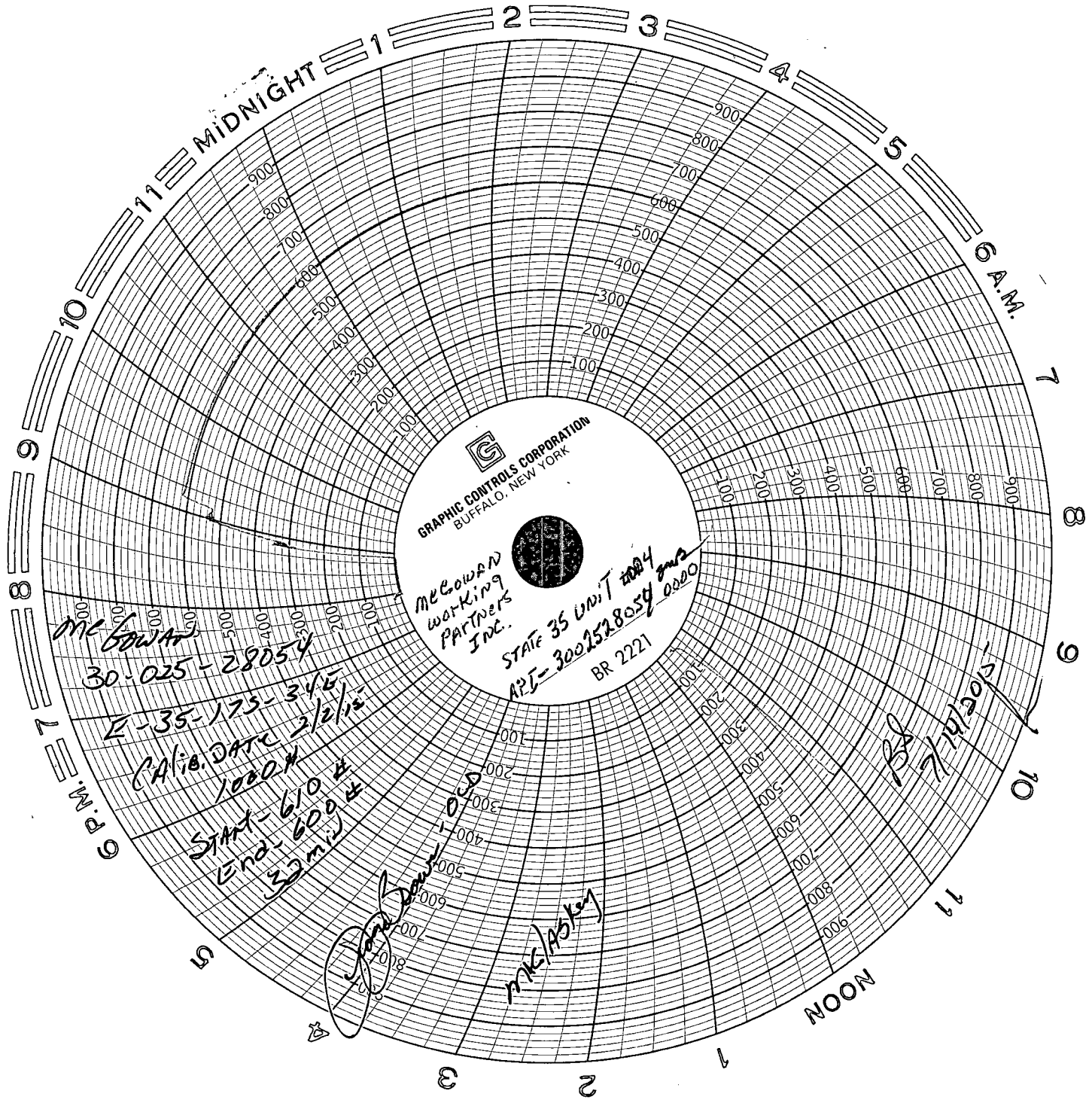
(This space for State use)

APPROVED BY  TITLE NMOCD District 1 Supervisor DATE 7/14/2015

Conditions of approval, if any:

JUL 23 2015

gm




GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

McCowan
working
Partners
Inc.
STATE 35 UNIT 1004
APL-3002528054 0000
BR 2221

McCowan
30-025-28054
E-35-175-34E
CALIB. DATE 2/2/12
1000 ft
START-610 ft
END-600 ft
32 min

John Brown

mck/asky

BS

11

NOON

3

2

1

10

9

8

7

6 A.M.

5

4

3

2

1

MIDNIGHT

11

10

9

8

7

6 P.M.