Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 March 4, 2004	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, witherais and Natural Resources		WELL API NO.	
District II	OIL CONSERVATION DIVISION		30 025 28057	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE X FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2317	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			State 35 Unit	
PROPOSALS.) 1. Type of Well: HOBBS OCD		8. Well Number		
Type of Well: Oil Well Gas Well Oth			14	
2. Name of Operator		0 7 2015	9. OGRID Numl	ber
McGowan Working Partners, Inc.			220397	
3. Address of Operator		10. Pool name or Wildcat Vacuum – Greyburg/San Andres		
P.O. Box 55809, Jackson MS 39296-5809 4. Well Location			Vacuum – Greyb	ourg/San Andres
4. Well Location				
Unit Letter <u>K</u> :	2630 feet from the Sout	h line and	_1330feet from	n the <u>West</u> line
Section 35	Township 17S	Range 341	E NMPN	M County Lea
	11. Elevation (Show whether DR)	, ,
4019' RKB Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
Pit Location: UL_K_Sect35_Twp_17Rng34 Pit typeLined_12 mil_Depth to Groundwater160Distance from nearest fresh water well_>1000'				
Distance from nearest surface water_>10				arest fresh water wen_>1000 _
feet from theline and		sect1wp	Kiig;	
ieet from theinie and	teet from thethre			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X ALTERING CASING				
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION	ABANDONMENT CASING TEST AND CEMENT JOB		
	COMPLETION			
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
1. Completed/passed MIPT on 2/2	24/15.			
	•			
I hereby certify that the information a				
42	14			
SIGNATURE	TITLE	Regulatory Of	ficer	DATE <u>3/30/15</u>
Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com Telephone No. (601) 987-1042				
(This space for State use)				
APPPROVED BY				
Sill Somand TITLE NMOCD District 1 Supervisor DATE 7/11/2015				
Conditions of approval, if any: Stell Wange				

JUL 2 3 2015

gm

