Submit 3 Copies To Appropriate District Office	State of New		Form C-103	
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO.	
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30 025 28061		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.		5. Indicate Type of Lease STATE X FEE	
District IV	Santa Fe, NM 8/505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2317	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agree	ment Name
(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.)			State 35 Unit	
1. Type of Well:			8. Well Number	
Oil Well Gas Well Oth	er X Injection Well	HOBBS OCD		
2. Name of Operator		18º	9. OGRID Number	
McGowan Working Partners, Inc. 3. Address of Operator		JUL 0 7 2015	220397 10. Pool name or Wildcat	
P.O. Box 55809, Jackson MS 39296-5809		Vacuum Greyburg/San Andres		
4. Well Location RECEIVED				
1. Well block.				
Unit Letter 1 :	1410 feet from the	South line and	10 feet from the <u>East</u>	line
Section 35	Township 17	S Range 34	IE NMPM Cou	inty Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
4004 GL & 4013 DF Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)				
Pit Location: ULSectTwpRngPit typeDepth to GroundwaterDistance 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				
feet from the line and	leet from theline			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
		BSEQUENT REPORT OF RK X ALTERING		
PERFORM REMEDIAL WORK	PLUG AND ADANDON	REMEDIAL WOR	A ALTERING	CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DR	ILLING OPNS. PLUG AND ABANDON	
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST A		
OTHER:		OTHER:		•
			nd give pertinent dates, including ttach wellbore diagram of proportion	
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	E Regulatory Offic	<u>DATE_3/17/1</u>	<u>5</u>
Type or print name Glenn Hepner	E-mail address: g	glenn@mcgowanwp.co	m Telephone No. (601) 98	82-3444
(This space for State use)				
APPPROVED BY BOX	mamah TITLE	Staff Won	10ge DATE 7	414 205
Conditions of approval, if any:			•	1 '

