Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	State of New Me Energy, Minerals and Natu OIL CONSERVATION 1220 South St. Frar Santa Fe, NM 87	ral Resources DIVISION ncis Dr.	Form C-103 March 4, 2004 WELL API NO. 30 025 28062 5. Indicate Type of Lease STATE X FEE 6. State Oil & Gas Lease No. B-2317			
87505	ION FOR PERMIT" (FORM C-101) FO	UG BACK TO A	7. Lease Name or Unit Agreement Name State 35 Unit 8. Well Number 37			
 Name of Operator McGowan Working Partners, Inc. Address of Operator P.O. Box 55809, Jackson MS 39296-5 	809	L 0 7 2015	 9. OGRID Number 220397 10. Pool name or Wildcat Vacuum – Greyburg/San Andres 			
Processor Received 4. Well Location Received Unit Letter P : 10 feet from the South line and 1210 feet from the East						
	Township17S1. Elevation (Show whether DR, 4010)	, <i>RKB, RT, GR, etc.)</i> GR				
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached) Pit Location: UL_P_Sect_35_Twp_17_Rng_34_Pit type lined 12 mil_Depth to Groundwater_160_Distance from nearest fresh water well >1000' Distance from nearest surface water >1000' Below-grade Tank Location ULSectTwpRng; feet from theline andfeet from theline						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK X ALTERING CASING						

PERFORM REMEDIAL WORK	PLUG AND ABANDON		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	

 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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan.

SIGNATURE	APTO		TITLE	<u>Regulatory Offi</u>	cer	_DATE_ <u>17 March</u> 1	<u>15</u>
Type or print name	Glenn Hepner	E-mail address:	glenn@mcgo	owanwp.com	Telephone No.	(601) 982-3444	

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APPPROVED BY	Bill Somanch	TITLE	staff Manage	DATE 7/14/2015	_
Conditions of approva					
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