

Submit 1 Copy To Appropriate District Office
 District I - (575) 393-6161
 1625 N. French Dr., Hobbs, NM 88240
 District II - (575) 748-1283
 811 S. First St., Artesia, NM 88210
 District III - (505) 334-6178
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV - (505) 476-3460
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30 025 28054	✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	✓
6. State Oil & Gas Lease No. B-2317	
7. Lease Name or Unit Agreement Name State 35 Unit	✓
8. Well Number 04	
9. OGRID Number 220397	✓
10. Pool name or Wildcat Vacuum; Greyburg/San Andres	✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4023' GL	

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 (WIW) **HOBBS OCD**

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 E : 1330 feet from the North line and 110 feet from the West line
 Section 35 Township 17S Range 34E NMPM County Lea

MAY 04 2016 RECEIVED

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

PERF TEMP PULL DOW CLOS OTHER:	E-PERMITTING <SWD <u>INJECTION</u> > CONVERSION _____ RBDMS <u>MB</u> RETURN TO _____ TA <u>Pm.</u> CSNG _____ ENVIRO _____ CHG LOC _____ INT TO PA _____ P&A NR _____ P&A R _____ OTHER: _____ <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: _____ <input checked="" type="checkbox"/>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Completed Pressure test of well for reinstatement of T/A status.

This Approval of Temporary Abandonment Expires 3/22/2017

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Officer DATE 04/15/16

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com PHONE: 601-982-3444

For State Use Only

APPROVED BY: Maley Brown TITLE Dist. Supervisor DATE 5/4/2016

Conditions of Approval (if any):

MAY 05 2016

MB

