| Submit 3 Copies To Appropriate District Office | State of New Mexico | | | Form C-103 Revised June 10, 2003 | |
|---|----------------------------|-----------|---------------------------|---|--|
| District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 | | | rai Resources | WELL API NO. | |
| District II | | | 30 935,20780 | | |
| 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 | | | | STATE | |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | | | 6. State Oil & 6 B - 2317 | Gas Lease No. |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | | or Unit Agreement 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 | | | | State 35 |) Unit |
| PROPOSALS.) | | | | 8. Well Number | <u> </u> |
| 1. Type of Well: Oil Well X Gas Well Other | | | | 36 | |
| 2. Name of Operator | | | | 9. OGRID Nur | mber |
| McGowan Working Partners, Inc. | | | | 017643 | |
| 3. Address of Operator | | | | 10. Pool name or Wildcat Vacuum Grayburg/San Andres | |
| P O Box 55809, Jackson MS 39296-5809 Vacuum Grayburg/San Andres 4. Well Location | | | | | |
| Unit Letter P: 660 feet from the south line and 560 feet from the east line | | | | | |
| Section 35 | Township 17 | S Ra | ange 34E | NMPM | County Lea |
| | 11. Elevation (Show whe | | | | , Bea |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | | |
| | | | | SEQUENT R | |
| PERFORM REMEDIAL WORK | PLUG AND ABANDON | | REMEDIAL WOR | | * |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DRI | LLING OPNS. | PLUG AND ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE COMPLETION | | CASING TEST AN | ND 🗆 | |
| 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. Rigged up; pulled 2.0" tubing out of hole: rigged up BOP | | | | | |
| 2. Ran 2-7/8" tubing and 2-1/4" rod pump; ran 131 joints 2-7/8" tubing; | | | | | |
| set end of tubing at 4139 ' | | | | | |
| 3. Set anchor; rigged down BOP; ran pump and rods in hole; spaced out; rigged down moved off | | | | | |
| 4. Returned well to pr | oduction | | | • | 109101112737475 |
| P. | | | | · / | 10 10 10 10 20 20 20 20 20 20 20 20 20 20 20 20 20 |
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| | | | | | 10285 100 100 100 100 100 100 100 100 100 10 |
| I hereby certify that the information | above is true and complete | to the bo | est of my knowledge | e and belief. | |
| SIGNATURE MA | \mathcal{E} | | Regulatory Ofi | | DATE 12/30/03 |
| Type or print name Arnold H | Chapman | E-mail ad | ldress: chappy@mcgo | owanwp.com | Telephone No. 601 - 982 - 344 |
| (This space for State use) | 1 | | | | |
| APPROVED BY | IL, | | | | DATE JAN 0 6 2004 |
| APPPROVED BY Mine M. Conditions of approval, if any: | | ITLE | | | DATE ZUU4 |
| conditions of approval, it aliy. | | nc dis | TRICT SUPERVISO | PIGENERAL MA | MAGERJAN 0 6 2004 |