

Submit 3 Copies To Appropriate District
Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

1301 W. Grand Ave., Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

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

Form C-103
Revised June 10, 2003

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.)		WELL API NO. 30 029 28060
1. Type of Well: Oil Well ☐ Gas Well ☒ Other		5. Indicate Type of Lease STATE ☒ FEE ☐
2. Name of Operator McGowan Working Partners, Inc.		6. State Oil & Gas Lease No. B-2317
3. Address of Operator P O Box 55809, Jackson MS 39296-5809		7. Lease Name or Unit Agreement Name State 35 Unit No. 23
4. Well Location Unit Letter <u>N</u> : <u>1310</u> feet from the <u>south</u> line and <u>1310</u> feet from the <u>west</u> line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number 23
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 017643
		10. Pool name or Wildcat Vacuum - Greyburg/San Andres

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

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Pull production tubing; run bit and clean out to PBTD 4752'; analyze fill and acidize as needed. Run same injection tubing; pressure test casing; return well to injection.

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

SIGNATURE Glenn Hepner TITLE Regulatory Officer DATE February 23, 2004

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com Telephone No. 601-982-3444

(This space for State use)

APPROVED BY Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER FEB 24 2004
TITLE _____ DATE _____

Conditions of approval, if any: