

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 811 South First, 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

Form C-103
 Revised March 25, 1999

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

WELL API NO. 30-025-28058
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B2317
7. Lease Name or Unit Agreement Name: State 35
8. Well No. 10
9. Pool name or Wildcat Vacuum - GB/San Andres
10. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 X Other *601-982-3444*
G. Jean Kepner

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 K : 2630 feet from the South line and 2630 feet from the West line
 Section 35 Township 17S Range 34E NMPM Lea, County

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

12. 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 recompilation.

Pull Injection tubing and packer.
 Clean out to TD of 4732'.
 Ran tubing and packer.
 Acidized with 3000 gallons of acid with 30 bbls. KCl water.
 Ran MIT test and returned to injection 3/30/05.



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

SIGNATURE *Albert M. Kelley* TITLE Agent, For Jack Stevenson, Foreman DATE 4/06/06

Type or print name for Jack Stevenson Telephone No. 505-631-1149
 (This space for State use)

APPROVED BY *Jay W. Wink* TITLE FIELD REPRESENTATIVE II/STATE MANAGER DATE SEP 21 2006
 Conditions of approval, if any:

6 AM

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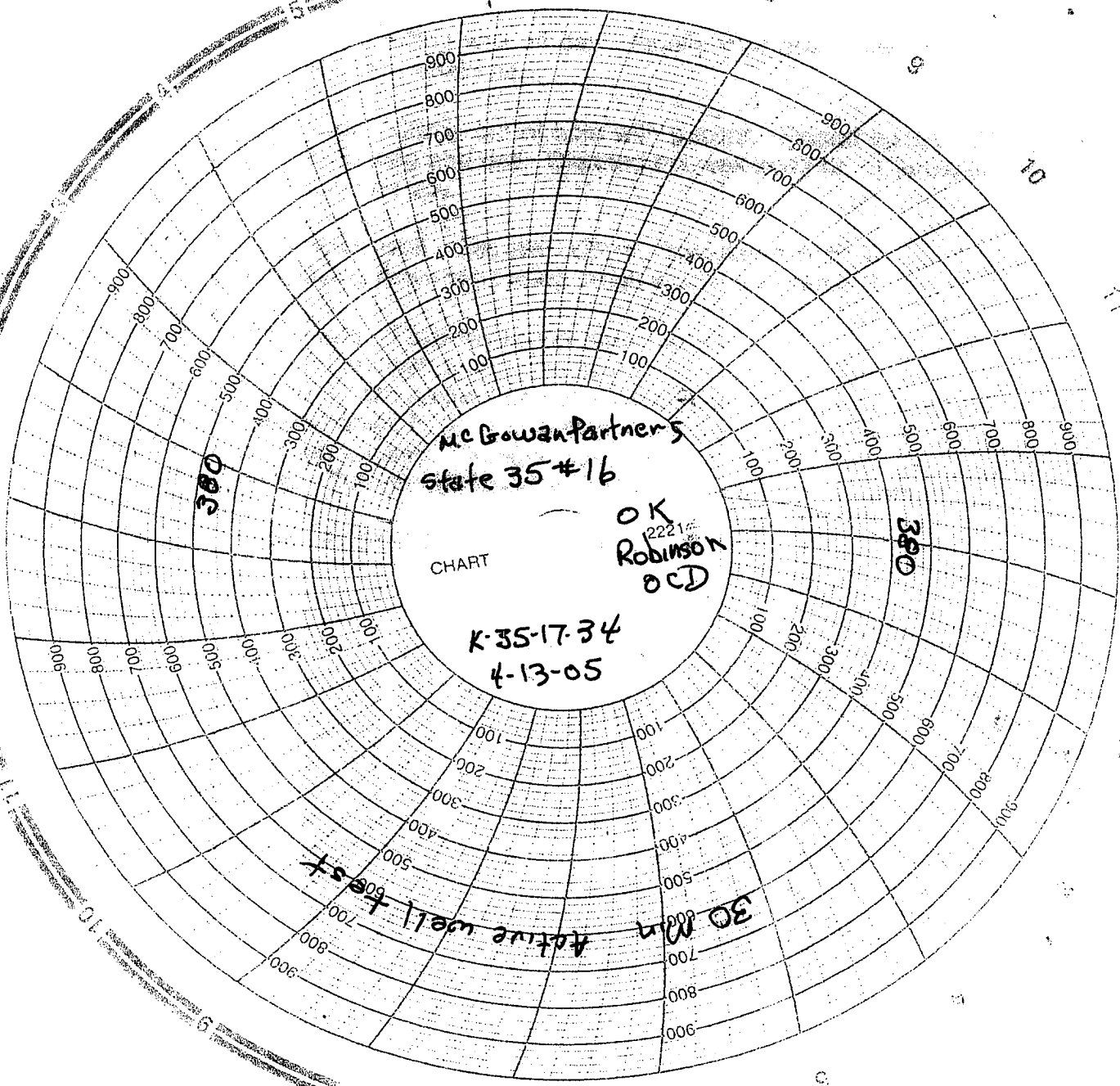
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NOON

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300

K-35-17-34
4-13-05

30 Min Active well test

CHART

McGowan Partners
state 35 #16

OK
2221
Robinson
OCD

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