

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

HOBBS OCD
APR 06 2017
RECEIVED

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-025-28056
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator McGowan Working Partners Inc		6. State Oil & Gas Lease No. B-2317
3. Address of Operator PO Box 55809 Jackson, MS 39296-5809		7. Lease Name or Unit Agreement Name STATE 35 UNIT
4. Well Location Unit Letter <u>I</u> : 1360 feet from the <u>S</u> line and <u>1210</u> feet from the <u>E</u> line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM LEA County		8. Well Number 27
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 220397
10. Pool name or Wildcat VACUUM GB/SA		

12. 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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <u>Pressure Test Casing</u> <input checked="" type="checkbox"/>	

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.

Pressure test Casing. Start at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extension.

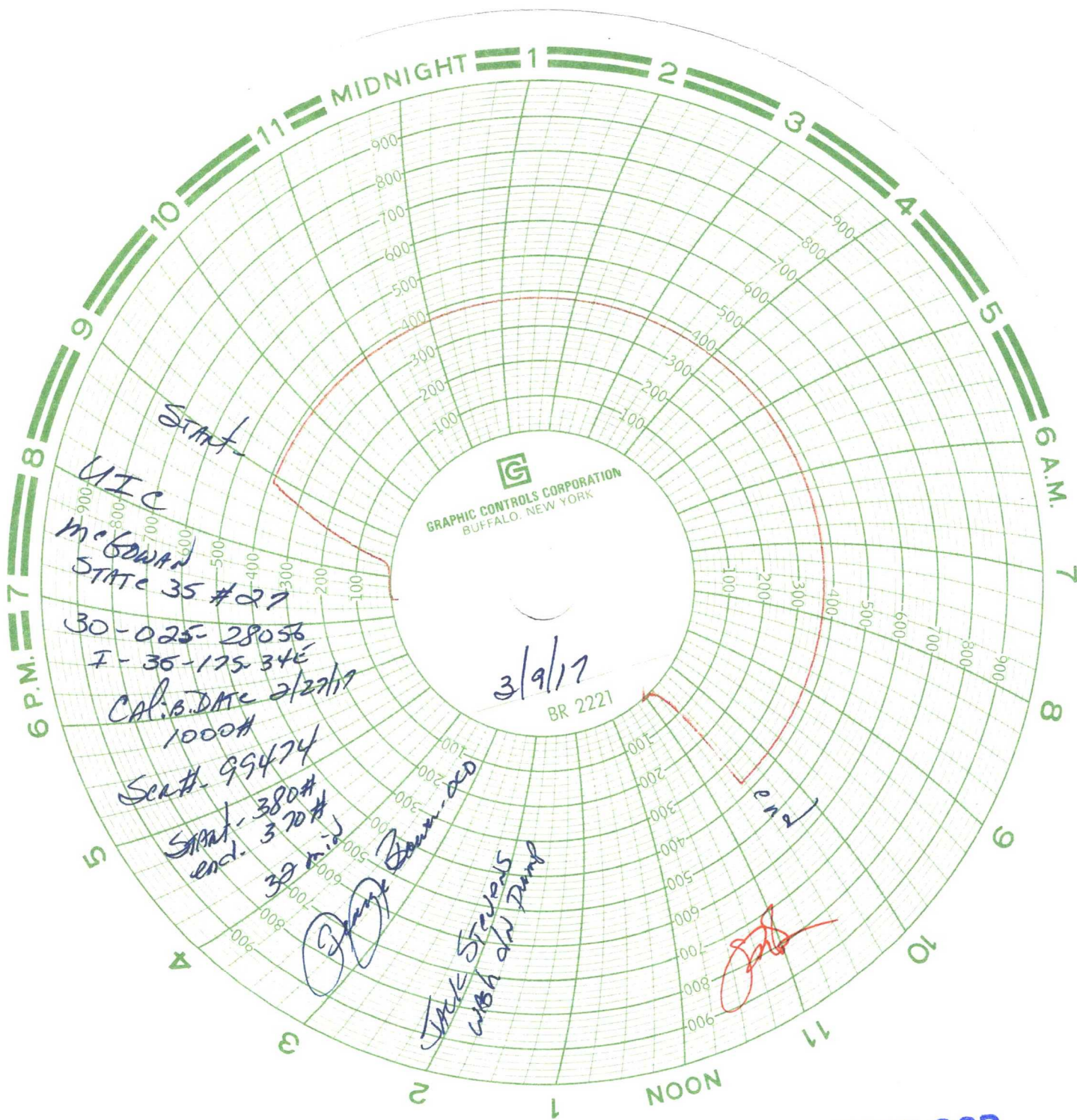
Spud Date:

Rig Release Date:

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

SIGNATURE Jack Stevenson TITLE Pumper DATE 3-31-2017
 Type or print name JACK STEVENSON E-mail address: _____ PHONE: 575-631-1083
For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 4/17/17
 Conditions of Approval (if any): _____



HOEBS OCD

APR 06 2017

RECEIVED