

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. 3002528055

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-2317

7. Lease Name or Unit Agreement Name
State 35 Unit

8. Well Number 025

9. OGRID Number
220397

10. Pool name or Wildcat
Vacuum - Greyburg/San Andres

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 ☐

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 O : 1260 feet from the South line and 2630 feet from the

East line

Section 35 Township 17S Range 35 east 4 NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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 COMPL ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- Pull tubing and packer to inspect.
- Found two bad joints tubing.
- Replaced bad joints tubing and ran tubing and packer back with no change to end of tubing or packer depth.
- Perform State witnessed MIT and return to service.

Spud Date:

04/05/83

Rig Release Date:

08/08/18

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

SIGNATURE



TITLE Regulatory Officer

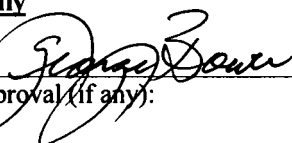
DATE 01/04/2019

Type or print name Glenn Hepner

E-mail address: glenn@mcgowanwp.com PHONE: 601-982-3444

For State Use Only

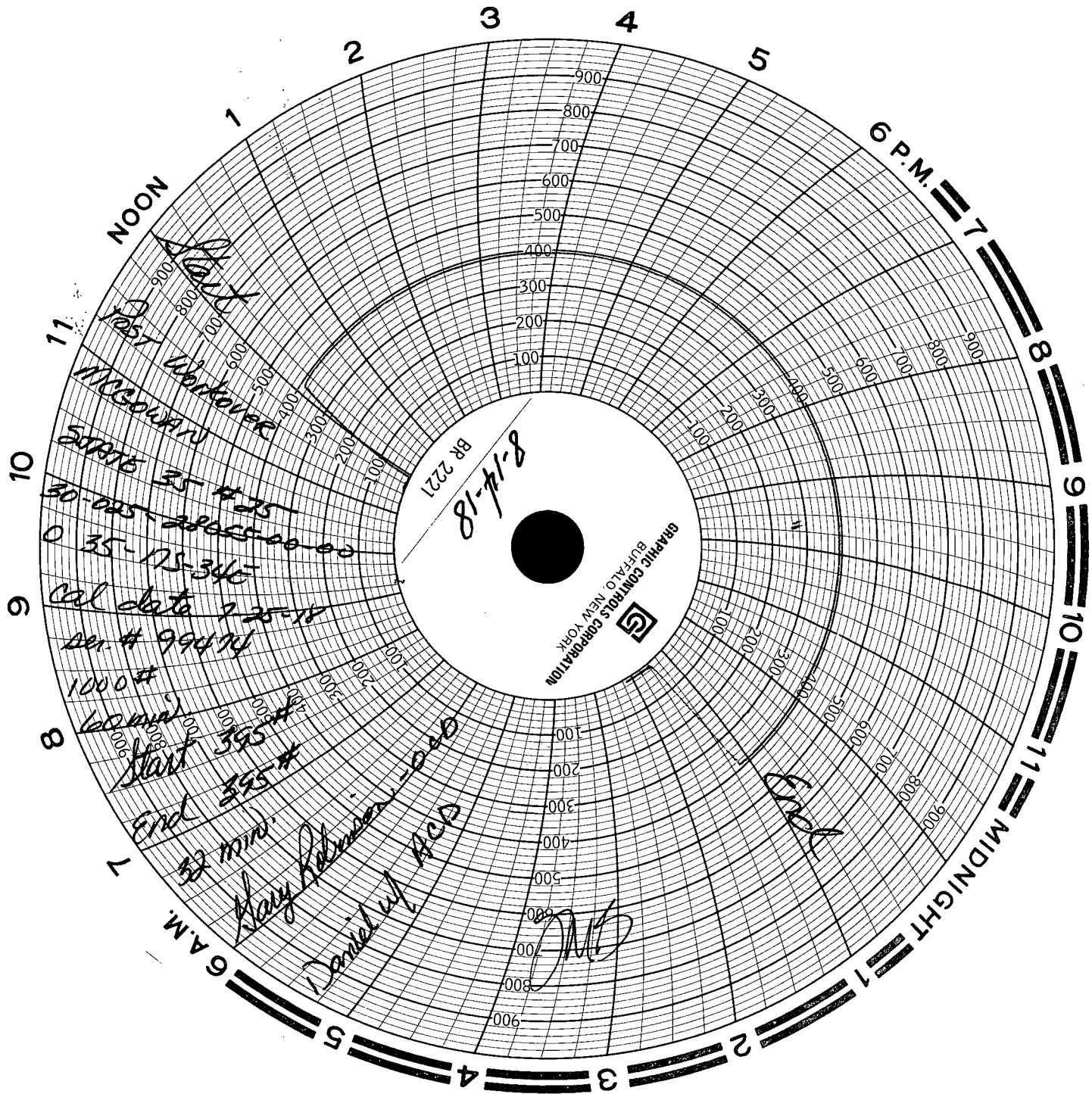
APPROVED BY:



TITLE Compliance Supervisor

DATE 1/14/2019

Conditions of Approval (if any):



HOBBS OCD

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division Hobbs District Office

JAN 8 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name McGowan Working Partners		API Number 30-025-28055	
Property Name STATE 35		Well No. #25	

Surface Location

UL - Lot 0	Section 35	Township 17S	Range 34E	Feet from 1260	N/S Line S	Feet From 2630	E/W Line E	County LEA
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Well Status

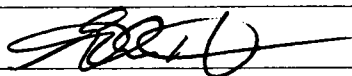
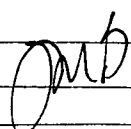

TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	INJECTOR <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SWD	PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE 8-14-18
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OBSERVED DATA

	(A) Surface	(B) Interm(1)	(C) Interm(2)	(D) Prod Csg	(E) Tubing
Pressure	0	N/A	N/A	0	0
Flow Characteristics					
Pull	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	CO2 <input type="checkbox"/>
Steady Flow	Y / N <input checked="" type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	WTR <input type="checkbox"/>
Surges	Y / N <input checked="" type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	GAS <input type="checkbox"/>
Down to nothing	N <input checked="" type="checkbox"/> Y	Y / N	Y / N	N <input checked="" type="checkbox"/> Y	Type of Fluid Injected for Waterflood if applies
Gas or Oil	Y / N <input checked="" type="checkbox"/>	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	
Water	Y <input checked="" type="checkbox"/> N	Y / N	Y / N	Y <input checked="" type="checkbox"/> N	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover

Signature: 		OIL CONSERVATION DIVISION	
Printed name: Glenn Hepner		Entered into RBDMS	
Title: Regulatory Officer		Re-test 	
E-mail Address: glenn@mcgowanwp.com			
Date: 01/04/2019	Phone:		
Witness: 			

INSTRUCTIONS ON BACK OF THIS FORM