

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) 476-3200
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. 3002528057

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 014

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 K : 2630 feet from the south line and 1330 feet from the west line
Section 35 Township 17S Range 34 east 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 one bad joint tubing and hole in packer collar.
- Replace bad joint tubing and packer, ran back in hole with no change to end of tubing or packer depth.
- Performed State witnessed MIT, return to service

Spud Date:

02/22/83

Rig Release Date:

08/02/18

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

SIGNATURE



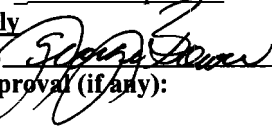
TITLE Regulatory Officer

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:



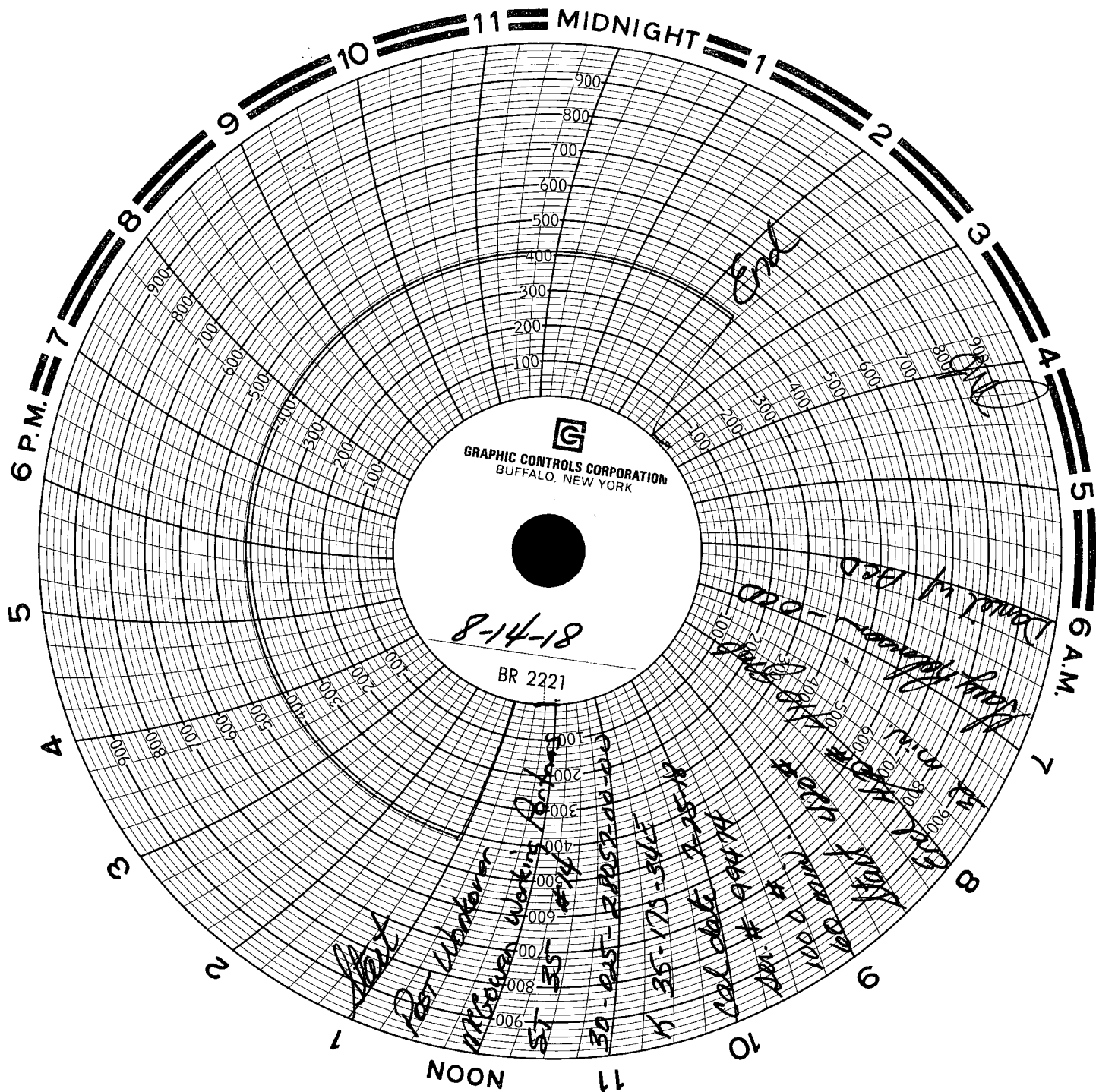
TITLE

Compliance Supervisor

DATE

1/14/2019

Conditions of Approval (if any):



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

HOBBS OCD

JAN 8 2019

RECEIVED

BRADENHEAD TEST REPORT

Operator Name McGOWAN Working Partners	API Number 30-025-28057
Property Name STATE 35	Well No. # 14

Surface Location

UL - Lot K	Section 35	Township 17S	Range 34E	Feet from 2630	N/S Line S	Feet From 1330	E/W Line W	County LEA
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Well Status

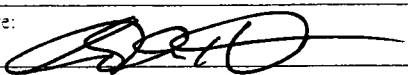
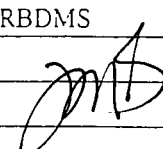
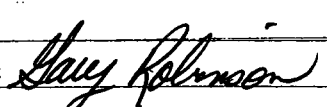
TA'D WELL YES <input type="radio"/> NO <input checked="" type="radio"/>	SHUT-IN YES <input checked="" type="radio"/> NO <input type="radio"/>	INJECTOR INJ <input checked="" type="radio"/> SWD <input type="radio"/>	PRODUCER OIL <input type="radio"/> GAS <input type="radio"/>	DATE 8-14-18
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OBSERVED 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/N	Y/N	Y/N	Y/N	CO2 <input type="checkbox"/>
Steady Flow	Y/N	Y/N	Y/N	Y/N	WTR <input type="checkbox"/>
Surges	Y/N	Y/N	Y/N	Y/N	GAS <input type="checkbox"/>
Down to nothing	Y/N	Y/N	Y/N	Y/N	Type of Fluid
Gas or Oil	Y/N	Y/N	Y/N	Y/N	Injected for
Water	Y/N	Y/N	Y/N	Y/N	Waterflood if
					applies

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