

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

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

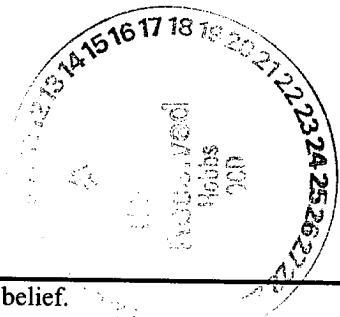
Form C-103
Revised March 25, 1999

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. 30-025-28059
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> X Other		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator McGowan Working Partners, Inc.		6. State Oil & Gas Lease No. B2317
3. Address of Operator P.O. Box 55809, Jackson, MS 39296-5809		7. Lease Name or Unit Agreement Name: State 35
4. Well Location Unit Letter <u>J</u> : <u>2630</u> feet from the <u>South</u> line and <u>1330</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM <u>Lea</u> , <u>County</u>		8. Well No. 17
10. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. Pool name or Wildcat Vacuum - GB/San Andres

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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.

Pulled packer.
Reset packer.
Ran MIT test and returned to injection 4/13/05.

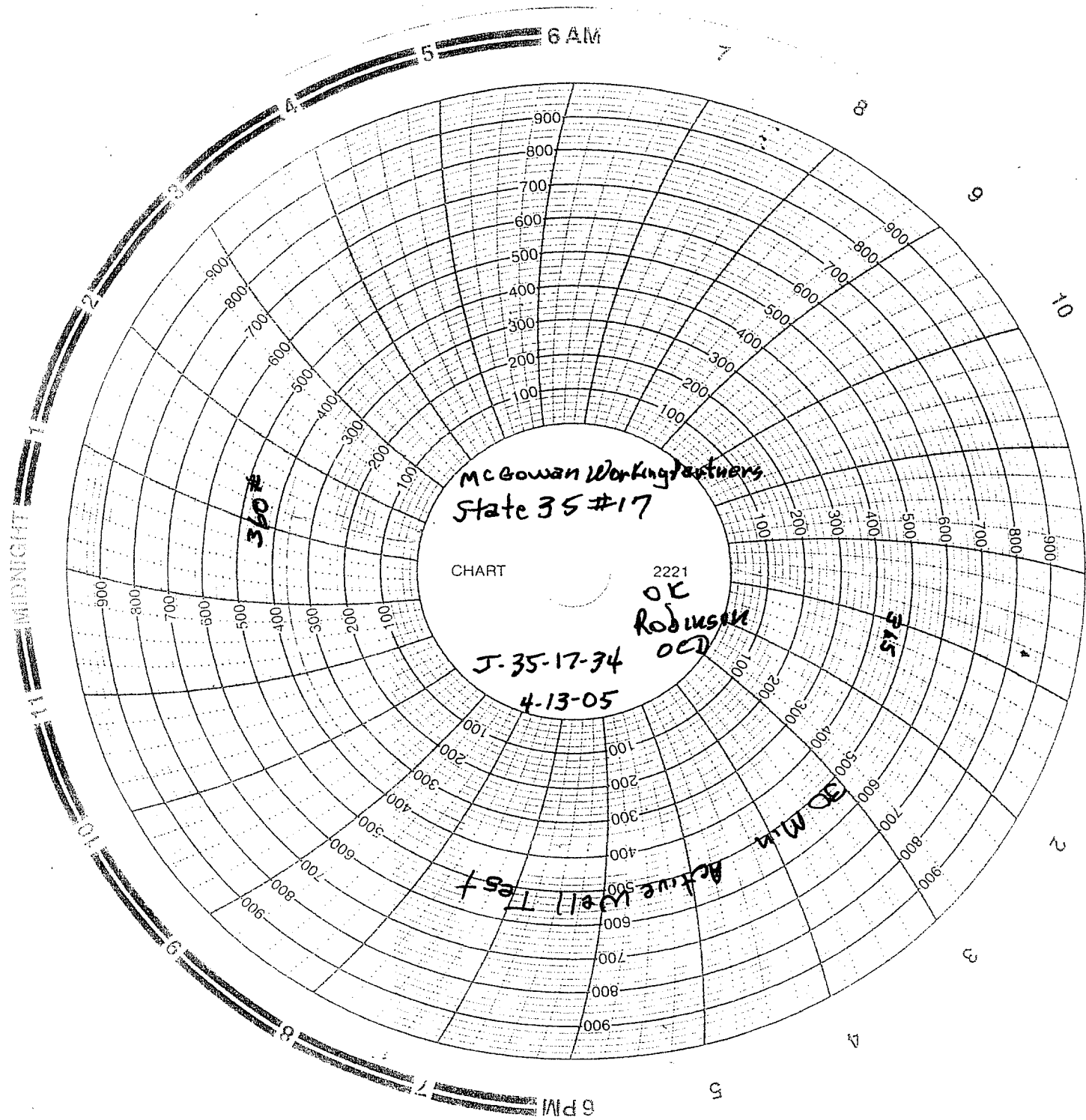


I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Debbie M. Kelvey 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 Gary W. Wink TITLE DC FIELD REPRESENTATIVE II/STAFF MANAGER DATE SEP 21 2006
Conditions of approval, if any:



McGowan Workingpartners
State 35 #17

CHART

2221

OK
Robinson
OCD

J-35-17-34

4-13-05

Active Well Test

30 min

360

315