

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

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

Revised July 18, 2013

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. 3002528056
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other WIW		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 P.O. Box 55809, Jackson MS 39296-5809		7. Lease Name or Unit Agreement Name State 35 Unit
4. Well Location Unit Letter <u>O</u> : <u>1360</u> feet from the <u>South</u> line and <u>1210</u> feet from the <u>East</u> line Section <u>35</u> Township <u>17S</u> Range <u>35 east</u> NMPM County <u>Lea</u>		8. Well Number <u>027</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 220397
10. Pool name or Wildcat Vacuum – Greyburg/San Andres		

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: Pressure Test Casing <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 test at 400 psi and end at 400 psi. Tested for 32 minutes per OCD regulations, test witnessed by Gary Robinson of the OCD. Passed ok.

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 [Signature] TITLE Regulatory Manager DATE June, 17, 2022

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com PHONE: 601-982-3444

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer A DATE 6/27/22
 Conditions of Approval (if any):

District I
1625 N French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0729

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

BRADENHEAD TEST REPORT

Operator Name McGowan		API Number 30-025-28056	
Property Name STATE 35		Well No. #27	

Surface Location

UL - Lot I	Section 35	Township 17S	Range 34E	Feet from 1360	N/S Line S	Feet From 1210	E/W Line E	County LEA
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJ	SWD	OIL	PRODUCER GAS	DATE 6-9-22
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	10			10	1350
Flow Characteristics					
Puff	Y / N	Y / N	Y / N	Y / N	C02
Steady Flow	Y / N	Y / N	Y / N	Y / N	WTR ✓
Surges	Y / N	Y / N	Y / N	Y / N	GAS
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	Exposed for
Water	Y / N	Y / N	Y / N	Y / N	Waterhead if
					applies

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

MIT/BHT

Submit thru portal

C-103
Chart

BHT

Signature:		OIL CONSERVATION DIVISION
Printed name:		Entered into RBDMS
Title:		Re-test
E-mail Address:		
Date:	Phone:	
Witness:	Gary Rolison	

INSTRUCTIONS ON BACK OF THIS FORM



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CONDITIONS

Action 118950

CONDITIONS

Operator: MCGOWAN WORKING PARTNERS, INC P.O. Box 55809 Jackson, MS 39296	OGRID: 220397
	Action Number: 118950
	Action Type: [UF-BHT] Bradenhead Test (BRADENHEAD TEST)

CONDITIONS

Created By	Condition	Condition Date
kfortner	None	6/27/2022