Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised June 10, 2003	
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO.	
1301 W. Grand Ave., Artesia, NM 88210			30 025 33489 5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE X FEE		
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505			B-2317	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or	Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			State 35 Unit No. 8	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)				
1. Type of Well:			8. Well Number	
Oil Well X Gas Well Other				
2. Name of Operator			9. OGRID Number	
McGowan Working Partners, Inc.			220397	
3. Address of Operator P O Box 55809, Jackson MS 39296-5809			10. Pool name or Wildcat Vacuum – Greyburg/San Andres	
4. Well Location				
Unit Letter A:	1120 feet from the N	lorth line and	660 feet from	the <u>East</u> line
Section 35	Township 178	Range 34E	NMPM	County Lea
	1. Elevation (Show whether			County Lea
4.16	,			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
			SEQUENT REF	
PERFORM REMEDIAL WORK	PLUG AND ABANDON 🗌	REMEDIAL WOR	KX,	ALTERING CASING
TEMPORARILY ABANDON 🗍 (CHANGE PLANS	COMMENCE DRI	LLING OPNS.	PLUG AND □
				ABANDONMENT
	MULTIPLE [CASING TEST AI	ND 🗆	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
or recompletion.				
1. Clean out to 4890'.				
2. Perforate @ 4780'-4810'/4840'-4850'/4885'-4895'/4390'-4400'/4275'-4295'/4200'-4180'.				
3. Acidize @ 4780' – 4895' under a packer with 1200 gallons, 15% Hcl. 4. Set RBP @ 4600' & packer @ 4150' & Acidize @ 4180'-4400' with 2000 gallon 15% Hcl in two stages using salt blocks: 5. Return to production				
4. Set RBP @ 4600' & packer @ 5. Return to production	4150 & Acidize @ 4180	-4400° with 2000 gailon	15% Hel in two stage	es using salt blocks.
5. Return to production 5/	28/04 per 61	4	/^	15 Kx 202
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		6		State of
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			40 K. 12 C.	N
I hereby certify that the information about	ove is true and complete to	the best of my knowledg	e and Belfef.	(2)
SIGNATURE CONT.				
SIGNATURE		TITLE Regul	atory Officer S	<u>//DATE_18 June 2004_</u>
	E-mail _k address: glenn@mc	gowanwp.com Teleph	one No. 601-982-34	44 Fax: 601-982-4014
(This space for State ise)	Vink			IIIN O O cos:
APPPROVED BY GARY WWINK	TITL	.F.	1	JUN 2 9 2004 DATE
Conditions of approval, Gfany D REPRE	SENTATIVE II/STAFF MA	NAGER		D/11L