Submit 3 Copies To Appropriate District Office State of New 1	•
<u>District 1</u> Energy, Minerals and Na	atural Resources March 4, 2004
1625 N. French Dr., Hobbs, NM 88240 District II	WELL API NO. 30 025 28062
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION	ON DIVISION 5. Indicate Type of Lease
District III 1220 South St. Fi	rancis Dr. STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV Santa Fe, NM	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	B-2317
SUNDRY NOTICES AND REPORTS ON WEL	LS 7. Lease Name or Unit Agreement Name
(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) PROPOSALS.)	State 33 Unit
1. Type of Well:	8. Well Number
Oil Well Gas Well Other X (WIW)	37
2. Name of Operator	9. OGRID Number
McGowan Working Partners, Inc.	220397
3. Address of Operator	10. Pool name or Wildcat
P.O. Box 55809, Jackson MS 39296-5809	Vacuum – Greyburg/San Andres
4. Well Location	
Unit Letter P: 10 feet from the South line and 1210 feet from the East line	
Section 35 Township 17S	Range 34E NMPM County Lea
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
4010' GR	
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)	
Pit Location: UL P Sect 35 Twp 17 Rng 34 Pit type lined 12 mil Depth to Groundwater 160 Distance from nearest fresh water well >1000'	
Distance from nearest surface water_>1000' Below-grade Tank Location Ul	SectTwpRng;
feet from the line and feet from the line	·
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK X PLUG AND ABANDON	REMEDIAL WORK ALTERING CASING
TEMPORARII V ARANDONI CHANCE DI ANG	COMMENCE DRILLING ODNIC DILICAND
TEMPORARILY ABANDON CHANGE PLANS	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
PULL OR ALTER CASING MULTIPLE	CASING TEST AND
COMPLETION	CEMENT JOB
OTHER:	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.	
1. Pull injection tubing & packer.	
2. Inspect and repair tubing as required.	
 Run injection tubing & packer, EOT @ +/- 4300' & PKR @ +/- 4300' (same as previous). Perform witnessed MIT & return to service. 	
4. I CHOITH WITHESSED WITH & TELUTH TO SERVICE.	
I hereby certify that the information above is true and complete to the	best of my knowledge and belief. I further certify that any pit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines, a general permit or an (attached) alternative OCD-approved plan.	
SIGNATURE Class Material Tra	ELE DATE OF S
SIGNATURE Glenn Hepner TIT	TLE Regulatory Officer DATE 08 Sep 05
Type or print name Glenn Hepner E-mail address: gl	enn@mcgowanwp.com Telephone No. (601) 987-1042
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(This space for State use)	
APPPROVED BY Mulliam TITLE Conditions of approval, if any:	Nest. Superior DATE 1/15/0)