Submit I Copy To Appropriate District Office HORRS OCH	Form C-103
Office District I – (575) 393-6161 HOBBS OCD Energy, Minerals and Natural I	Resources Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240	WELL AFTINO.
District II - (575) 748-1283 OCT 18 2012 OIL CONSERVATION DI	VISION 5 Indicate Type of Lease
<u>District III</u> - (505) 334-6178 1220 South St. Francis	Dr. STATE Z FEE
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460  Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr , Santa F <b>KEWEIVED</b>	B - 2317
87505 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 B	ACK TO A
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SU	
PROPOSALS)  1. Type of Well: Oil Well ☐ Gas Well ☐ Other ✓ Injection V	Vell / 8. Well Number 029
2. Name of Operator	O OCRID Number
MCGOWAN WORKING PARTNERS, INC.	9. OGRID Nullhoer 220397
3. Address of Operator	10. Pool name or Wildcat
P.O. BOX 55809, JACKSON, MS 39296-580	9 Vacuum Grayburg San Andres
4. Well Location	
Unit Letter I: 1410 feet from the South	line and 10 feet from the East line
Section 35 Township 17 S Range	
11. Elevation (Show whether DR, RK	
4004 GL & 4013 DF	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO	
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ARANDON ALTERING CASING REMEDIAL WORK ARANDON REMEDIAL WORK	
	DMMENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING   MULTIPLE COMPL   CA	SING/CEMENT JOB
DOWNHOLE COMMINGLE	•
OTHER 🔲 OT	HER
13. Describe proposed or completed operations. (Clearly state all perti-	nent 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.	
ESTIMATED START DATE FOR PROPOSED WORK: 10/19/201	2
•	
Pull injection tubing & packer.	PKR. Should be within
O bear and table a Council of the council last a facility of	100' of top perf or csashe
2. Inspect tubing & packer (we suspect hole in tubing).	100 of top pert or cog sno
3. Replace/repair as required.	ifopenhole.
o. Hopiaco/repair as required.	
4. Run injection tubing & packer back in hole same as before but w	ill file subsequent report with details if any changes.
5. Perform witnessed MIT & return to service.	
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91 D	
Spud Date: 02/01/1983 Rig Release Date:	
I hereby certify that the information above is true and complete to the best o	from Important and holiaf
I nereby certify that the information above is true and complete to the best of	i my knowledge and belief.
(B) (I) -	T.
SIGNATURE TITLE Regula	tory Officer DATE 10/18/2012
Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com PHONE: (601) 982-3444	
For State Use Only	
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Conditions of Approval (if any):	iance Officer DATE 10-18-2012