Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
<u>District I</u> Energy, Minerals and Natural Resources			March 4, 2004 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240  District II  OH. CONSERVATION DIVISION		30 025 28062		
District III  OIL CONSERVATION DIVISION  1220 South St. Francis Dr		5. Indicate Type of I	Lease	
District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV  1220 South St. Francis Dr. Santa Fe, NM 87505		STATE X		
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas L B-2317	ease No.
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or U	nit 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) FOR SUCH		and acres off		
PROPOSALS.)	PROPOSALS.)		State 35 No. 8. Well Number	
1. Type of Well: Oil Well Gas Well Other X (WIW)		37		
	er X (WIW)			
2. Name of Operator McGowan Working Partners, Inc.			9. OGRID Number 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 and12	10 feet from the	<u>East</u> line
Section 35	Township 17S	Range 34I	E NMPM	County Lea
	Township 17S 11. Elevation (Show whether DR 4010	, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application (For	nit or helow-grade tank closures, a form	C-144 must be attached	<u> </u>	
Pit Location: UL P Sect 35 Twp			<del></del>	fresh water well >1000
Distance from nearest surface water >16				iresii water wen <u>&gt;1000</u>
feet from theline and		sect1wp_	, NIIg,	
	icct from theinte			
12. Check A	ppropriate Box to Indicate N			
			SEQUENT REPO	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	X AL	TERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRIL	LING OPNS. PL	UG AND
PULL OR ALTER CASING MULTIPLE CASING TEST		OACING TEST AND	AE	BANDONMENT
FOLL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN CEMENT JOB		
•				1516171879
OTHER:		OTHER:	\chi_C	<b>341516</b> 17 18 78
13. Describe proposed or completed ope	rations. (Clearly state all pertinent details, mpletions: Attach wellbore diagram of pro	and give pertinent dates,	including estimated date of s	starting any proposed work
SEE NOBE 1105, 161 Manapie Co	impletions. Attack welloofe diagram of pro	posed completion of reco	mpletion.	<b>13</b>
1. Pull injection tubing & packer of			1-6	24 252
<ol> <li>Drill &amp; clean out to 4726' on 5.</li> <li>Run injection tubing &amp; packer.</li> </ol>	/23 5/26/05. EOT @ 4300' & PKR @ 4300' & test	on 5/27 & 5/29/05	/80	25
4. Perform witnessed MIT & return	n to service on 6/2/05.	1 OH 3/2/ & 3/28/03.	\'o	ر المراجعة
				62 18W
I hereby certify that the information a grade tank has been/will be constructed or o	bove is true and complete to the be closed according to NMOCD guidelines, a	est of my knowledge a general permit or an (a	and belief. I further ce ttached) alternative OCD	rtify that say pit or below- approved plan.
SIGNATURE	TIT	LE <u>Regulatory (</u>	Officer	DATE 8 June 05
Type or print name Glenn Hepner	E-mail address: glenr	n@mcgowanwp.com	Telephone No.	(601) 987-1042
(This space for State use)				
	E-mail address: glenn		Telephone No.	

