

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

Energy, Minerals and Natural Resources

Revised July 18, 2013

HOBBS OCD

APR 06 2017

RECEIVED

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

WELL API NO. 30-025-28056
5. Indicate Type of Lease STATE [] FEE []
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name STATE 35 UNIT
8. Well Number 27
9. OGRID Number 220397
10. Pool name or Wildcat VACUUM GB/SA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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.)

1. Type of Well: Oil Well [] Gas Well [] Other []

2. Name of Operator McGowan Working Partners Inc

3. Address of Operator PO Box 55809 Jackson, MS 39296-5809

4. Well Location
Unit Letter I :1360 feet from the S line and 1210 feet from the E line
Section 35 Township 17S Range 34E NMPM LEA County

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK [] PLUG AND ABANDON []
TEMPORARILY ABANDON [] CHANGE PLANS []
PULL OR ALTER CASING [] MULTIPLE COMPL []
DOWNHOLE COMMINGLE []
CLOSED-LOOP SYSTEM []
OTHER: []

SUBSEQUENT REPORT OF:

- REMEDIAL WORK [] ALTERING CASING []
COMMENCE DRILLING OPNS. [] P AND A []
CASING/CEMENT JOB []
OTHER: Pressure Test Casing [X]

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 at 380psi End at 370psi. Tested for 32 minutes for OCD regulations. Asked for an extention.

Spud Date: []

Rig Release Date: []

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

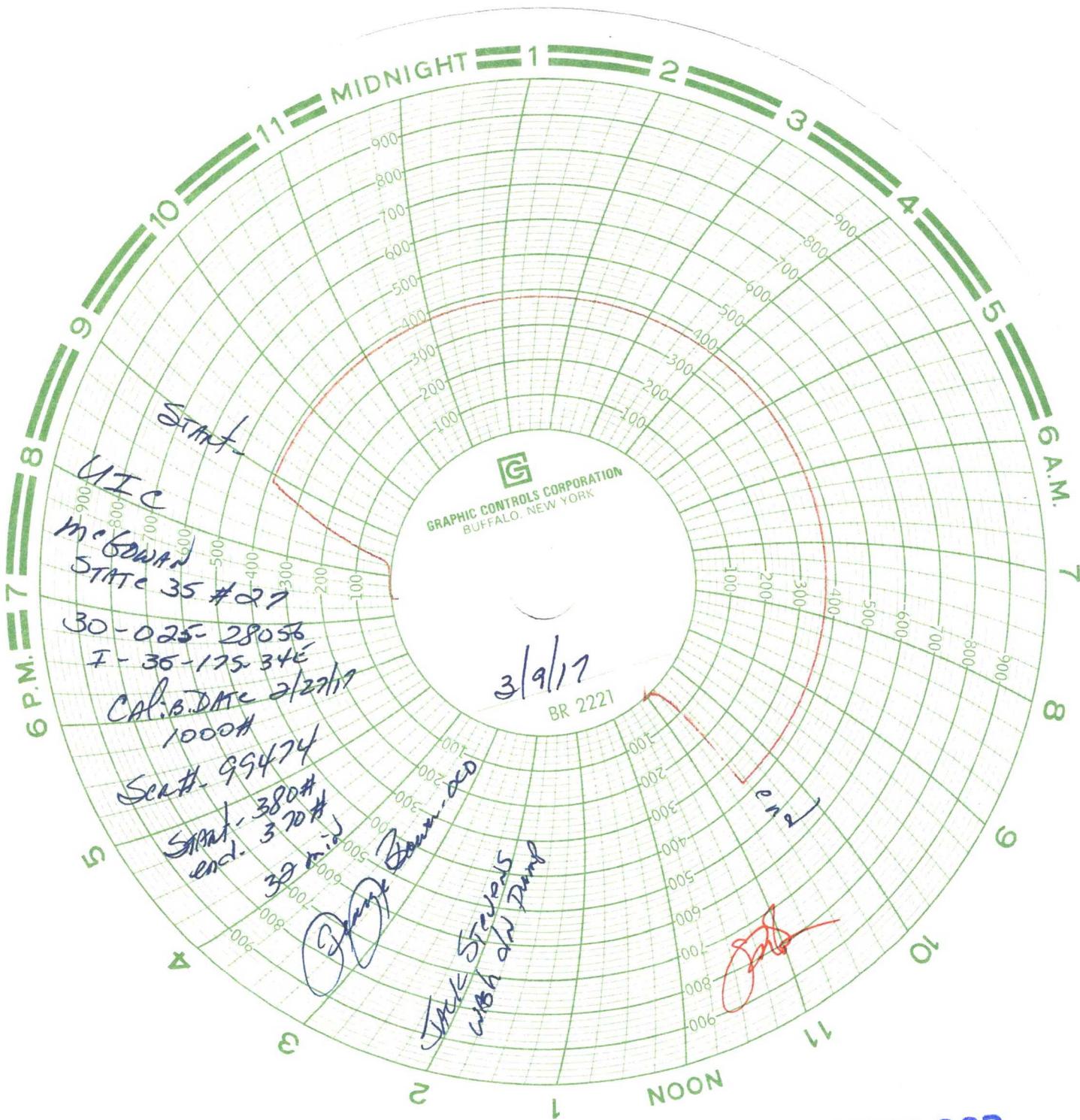
SIGNATURE Jack Stevenson TITLE Pumper DATE 3-31-2017

Type or print name JACK STEVENSON E-mail address: PHONE: 575-631-1083

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 4/17/17

Conditions of Approval (if any):



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