

Submit 1 Copy To Appropriate District Office  
 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

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised July 18, 2013

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

WELL API NO. 3002528055
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-2317
7. Lease Name or Unit Agreement Name State 35 Unit
8. Well Number 025
9. OGRID Number 220397
10. Pool name or Wildcat Vacuum - Greyburg/San Andres
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well  Gas Well  Other WIW

2. Name of Operator  
McGowan Working Partners, Inc.

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

4. Well Location  
 Unit Letter O : 1260 feet from the South line and 2630 feet from the East line  
 Section 35 Township 17S Range 35 east NMPM County Lea

HO-10-08-2019  
 RECEIVED

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

- Pull tubing and packer to inspect.
- Found two bad joints tubing.
- Replaced bad joints tubing and ran tubing and packer back with no change to end of tubing or packer depth.
- Perform State witnessed MIT and return to service.

Spud Date: 04/05/83

Rig Release Date: 08/08/18

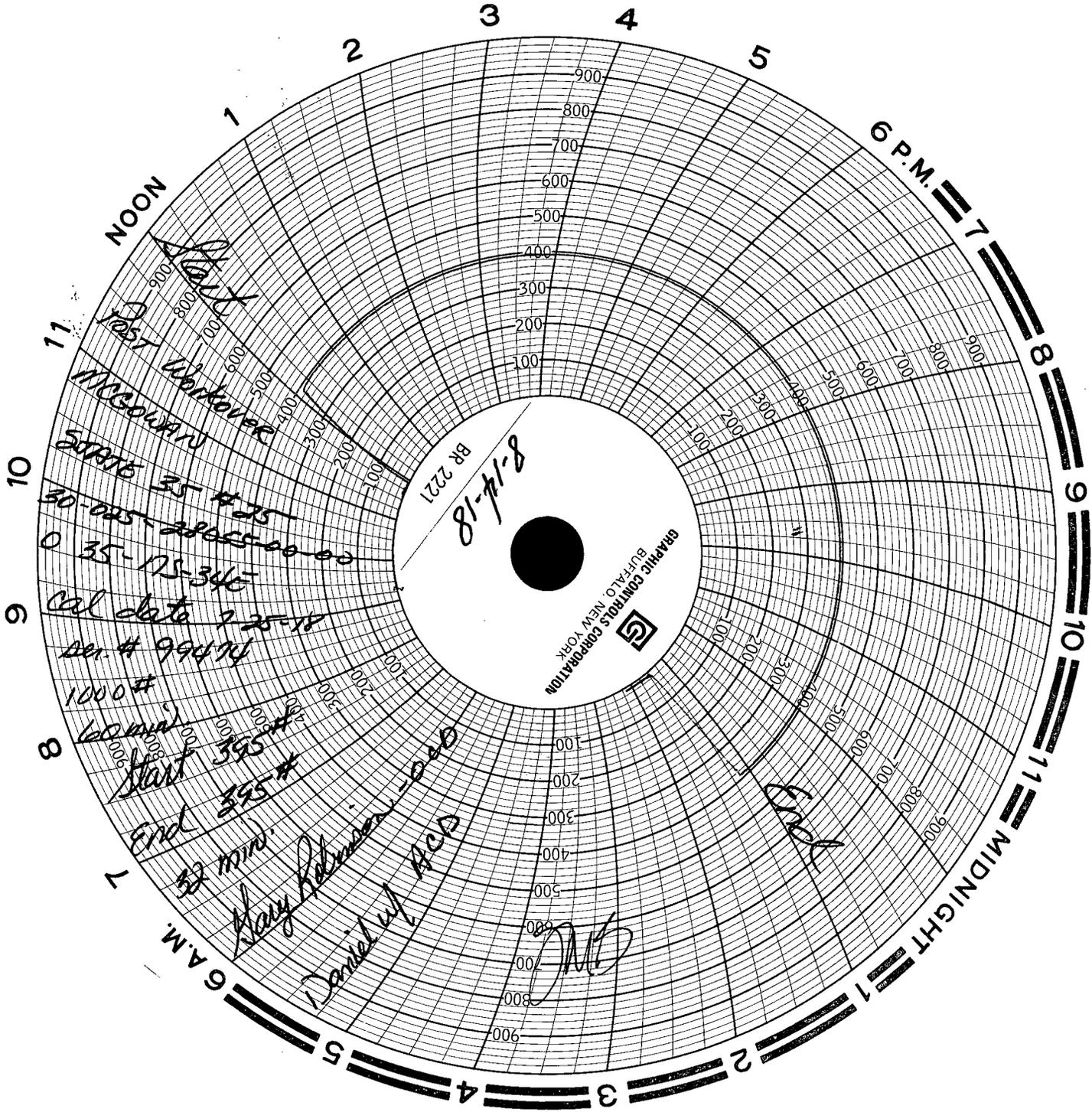
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE [Signature] TITLE Regulatory Officer DATE 01/04/2019

Type or print name Glenn Hepner E-mail address: glenn@mcgowanwp.com PHONE: 601-982-3444

**For State Use Only**

APPROVED BY: [Signature] TITLE Compliance Supervisor DATE 1/14/2019  
 Conditions of Approval (if any):



NOON

6 P.M.

MIDNIGHT

11:00  
10:57  
10:54  
10:51  
10:48  
10:45  
10:42  
10:39  
10:36  
10:33  
10:30  
10:27  
10:24  
10:21  
10:18  
10:15  
10:12  
10:09  
10:06  
10:03  
10:00

Workover  
McBOWAN

8-14-18  
BR 2221

ENVIRO CONTROL'S CORPORATION  
BUFFALO NEW YORK

50016 35 # 25  
30-025-28055-00-00  
0 35-175-345

cal data 7-25-18  
ser # 99494  
1000 #

60 min  
Start 395 #  
End 395 #  
37 min

Harry Robinson - PCD  
Daniel W. PCD

END

MO

6 A.M.

HOBBS OCD

JAN 8 2019

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

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BRADENHEAD TEST REPORT

Operator Name <b>McGowan Working Partners</b>		API Number <b>30-025-28055 -</b>
Property Name <b>STATE 35</b>		Well No. <b>#25 -</b>

Surface Location									
UL - Lot <b>0</b>	Section <b>35</b>	Township <b>17S</b>	Range <b>34E</b>	Feet from <b>1260</b>	N/S Line <b>S</b>	Feet From <b>2630</b>	E/W Line <b>E</b>	County <b>LEA</b>	

Well Status									
TA'D WELL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SHUT-IN <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES		INJECTOR <input type="checkbox"/> SWD <input checked="" type="checkbox"/> INJ		PRODUCER <input type="checkbox"/> OIL <input type="checkbox"/> GAS		DATE <b>8-14-18 -</b>		

OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<b>0</b>	<b>n/A</b>	<b>n/A</b>	<b>0</b>	<b>0</b>
Flow Characteristics					
Pull	<b>Y (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y (N)</b>	CO2 <input type="checkbox"/>
Steady Flow	<b>Y (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y (N)</b>	WTR <input type="checkbox"/>
Surges	<b>Y (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y (N)</b>	GAS <input type="checkbox"/>
Down to nothing	<b>(N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>(N)</b>	Type of Fluid Injected for Waterflow if applies
Gas or Oil	<b>Y (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y (N)</b>	
Water	<b>Y (N)</b>	<b>Y / N</b>	<b>Y / N</b>	<b>Y (N)</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Post Workover

Signature:	OIL CONSERVATION DIVISION
Printed name: <b>Glenn Hepner</b>	Entered into RBDMS
Title: <b>Regulatory Officer</b>	Re-test
E-mail Address: <b>glenn@mcgowanwp.com</b>	
Date: <b>01/04/2019</b> Phone:	
Witness:	