

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

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

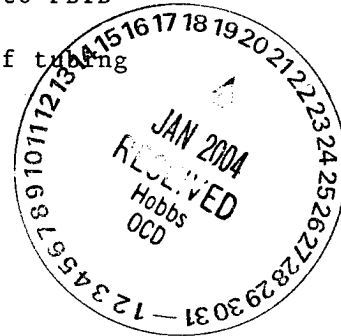
WELL API NO. 30 025 28427
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1520
7. Lease Name or Unit Agreement Name Bridges State
8. Well Number 186
9. OGRID Number
10. Pool name or Wildcat Vacuum Grayburg/San Anders

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Water Injection Well	
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 <u>A</u> : <u>6</u> feet from the <u>North</u> line and <u>1210</u> feet from the <u>east</u> line Section <u>35</u> Township <u>17S</u> Range <u>34E</u> NMPM County <u>Lea</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: clean well to bottom and acidize <input type="checkbox"/> <u>perfs as required</u>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

1. Rig up; pull 2-3/8" injection tubing and packer
2. Run in hole with workstring and 4-3/4" bit, drill and wash to PBTD $\pm 4850'$; analyze fill for scale and acidize as needed
3. Run in hole with injection tubing and AD-1 packer; set end of tubing at $\pm 4395'$ and packer at $\pm 4375'$
4. Complete witnessed MIPT and return well to service



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 01/15/04

Type or print name Arnold H. Chapman E-mail address: chappy@mcgowanwp.com Telephone No. 601-982-3444
(This space for State use)

APPROVED BY [Signature] DATE JAN 21 2004
Conditions of approval, if any: TOC FIELD REPRESENTATIVE II/STAFF MANAGER