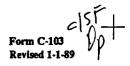
Submit 3 Copies to Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department



DISTRICT I P.O. Box 1980, Hobbs, NM 88240 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504

30-015-26538 5. Indicate Typ

WELL API NO.

æ	of Lease	L77.3	
	STATE	LX.	FEE

- DATE

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

PULL OR ALTER CASING

OTHER:

Rd., Aztec, NM 87410

MIFC 12 90 6. State Oil & Gas Lease No.

CASING TEST AND CEMENT JOB X

1000 No Biazza Nat, Passa, Fair V-410	V-1652					
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BAGK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	7. Lease Name or Unit Agreement Name					
1. Type of Well: OIL GAS WELL OTHER	H&S State					
2. Name of Operator Harvard Petroleum Corporation	8. Well No.					
3. Address of Operator P.O. Box 936, Roswell, New Mexico 88202	9. Pool name or Wildcat Millman - Grayburg					
4. Well Location	00 Feet From The East Line					
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	NMPM Eddy County					
11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:						
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING						
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING	G OPNS. X PLUG AND ABANDONMENT					

12. 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.

OTHER:

Spud 11/25/90 Drill 12 1/4 " Hole to 330' Run 313' 24# 8 5/8" Casing Cement w/ 200 sacks Class "C" w/ 2% CaCl. Circ. 20 sacks to pit Plug down 3:00 p.m. 11/26/90 WOC 18 hrs. 11/27/90 Nipple up and test BOP - 1000 # 0K 30 Min. Drill out Cmt. and shoe.

SUPERVISOR DISTRICT IN

	ation above is true and complete to the best of my	v knowledge and helief	
i nereby certify that the inform			12/11/90
SIGNATURE	of femi	mr Drilling & Prod. Engineer	DATE
			TELEPHONE NO. (505) 623-158
TYPE OR PRINT NAME	Jeff Teare		TELEPHONE NO. (000) OLO 100
(This space for State Use)	ORIGINAL SIGNED BY	* * * * * * * * * * * * * * * * * * *	
	MIKE WILLIAMS		DEC 2 7 1990

CONDITIONS OF APPROVAL, IF ANY: