

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**  
**Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.**

**SUBMIT IN TRIPLICATE** - Other instructions on page 2.

5. Lease Serial No.  
NM-0559539

6. If Indian, Allottee or Tribe Name

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No.

James Federal #1

9. API Well No.

30-025-31515

10. Field and Pool or Exploratory Area

W. Triste Draw, Delaware

11. Country or Parish, State

Lea Co., NM

1. Type of Well

☐ Oil Well

☐ Gas Well

☒ Other SWD

2. Name of Operator

Harvard Petroleum Company, LLC

3a. Address

PO Box 936, Roswell, NM 88202

3b. Phone No. (include area code)

575-623-1581

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit O, 810' FSL & 1830' FEL, Sec 29-T23S-R32E NMPM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Fix hole in injection tbg
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

12/1/14 - Pumper noticed pressure on 5 1/2" casing indicating probable hole in injection tubing string, SD injection, call for PU, RD wellhead, hook up vac truck on csg to pull and transfer water back to stock tanks, RU PU, NU BOP, release pkr, TOH to find hole in tbg.

Plan to finish TOH, replace the injection string with 3 1/2" J55 plastic coated tubing. TIH w pkr and tbg, set pkr at +/- 4780, circ pkr fluid and test packer to 500 psi w kill truck and chart (will notify Hobbs BLM and OCD 24 hrs in advance to witness test). After approval, will RD PU, NU wellhead to resume injection.

OCD Conditions of Approval  
Accepted for **RECORD ONLY**. All Federal  
forms require **BLM APPROVAL**.

14. I hereby certify that the foregoing is true and correct.

Name (Printed/Typed)

Jeff Harvard

Title: Manager

Signature

Date 12/01/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

MSB/OCD 12/3/2014

DEC 03 2014

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy Minerals and Natural Resources  
Department  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-144 CLEZ  
July 21, 2008

For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.

### Closed-Loop System Permit or Closure Plan Application

(that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure)

Type of action: Permit ☐ Closure ☒

**Instructions:** Please submit one application (Form C-144 CLEZ) per individual closed-loop system request. For any application request other than for a closed-loop system that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, please submit a Form C-144.

Please be advised that approval of this request does not relieve the operator of liability should operations result in pollution of surface water, ground water or the environment. Nor does approval relieve the operator of its responsibility to comply with any other applicable governmental authority's rules, regulations or ordinances.

1.  
Operator: Harvard Petroleum Co., LLC OGRID #: 010155  
Address: P.O. Box 936, Roswell, NM 88202-0936  
Facility or well name: James Federal #1  
API Number: 30-025-31515 OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr O Section 29 Township 23S Range 32E County: Lea  
Center of Proposed Design: Latitude 32.27047758 Longitude -103.694058923 NAD: ☒ 1927 ☐ 1983  
Surface Owner: ☒ Federal ☐ State ☐ Private ☐ Tribal Trust or Indian Allotment

2.  
☐ **Closed-loop System:** Subsection H of 19.15.17.11 NMAC  
Operation: ☐ Drilling a new well ☒ Workover or Drilling (Applies to activities which require prior approval of a permit or notice of intent) ☐ P&A  
☒ Above Ground Steel Tanks or ☐ Haul-off Bins

3.  
**Signs:** Subsection C of 19.15.17.11 NMAC  
☐ 12"x 24", 2" lettering, providing Operator's name, site location, and emergency telephone numbers  
☒ Signed in compliance with 19.15.3.103 NMAC

4.  
**Closed-loop Systems Permit Application Attachment Checklist:** Subsection B of 19.15.17.9 NMAC  
**Instructions:** Each of the following items must be attached to the application. Please indicate, by a check mark in the box, that the documents are attached.  
☒ Design Plan - based upon the appropriate requirements of 19.15.17.11 NMAC  
☒ Operating and Maintenance Plan - based upon the appropriate requirements of 19.15.17.12 NMAC  
☒ Closure Plan (Please complete Box 5) - based upon the appropriate requirements of Subsection C of 19.15.17.9 NMAC and 19.15.17.13 NMAC  
☐ Previously Approved Design (attach copy of design) API Number: \_\_\_\_\_  
☐ Previously Approved Operating and Maintenance Plan API Number: \_\_\_\_\_

5.  
**Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)  
**Instructions:** Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  
Disposal Facility Name: James Federal #1 Disposal Facility Permit Number: SWD-486  
Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_  
Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  
☐ Yes (If yes, please provide the information below) ☒ No  
**Required for impacted areas which will not be used for future service and operations:**  
☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  
☐ Re-vegetation Plan - based upon the appropriate requirements of Subsection I of 19.15.17.13 NMAC  
☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6.  
**Operator Application Certification:**  
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  
Name (Print): Jeff Harvard Title: Manager  
Signature: \_\_\_\_\_ Date: 12/1/14  
e-mail address: jharvard@hpcnm.com Telephone: 575-208-7135

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
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Energy Minerals and Natural Resources  
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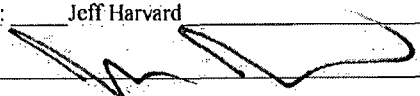
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API Number: 30-025-31515 OCD Permit Number: \_\_\_\_\_  
U/L or Qtr/Qtr O Section 29 Township 23S Range 32E County: Lea  
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5.  
**Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:** (19.15.17.13.D NMAC)  
Instructions: Please identify the facility or facilities for the disposal of liquids, drilling fluids and drill cuttings. Use attachment if more than two facilities are required.  
Disposal Facility Name: James Federal #1 Disposal Facility Permit Number: SWD-486  
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Will any of the proposed closed-loop system operations and associated activities occur on or in areas that will not be used for future service and operations?  
☐ Yes (If yes, please provide the information below) ☒ No  
Required for impacted areas which will not be used for future service and operations:  
☐ Soil Backfill and Cover Design Specifications - based upon the appropriate requirements of Subsection H of 19.15.17.13 NMAC  
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☐ Site Reclamation Plan - based upon the appropriate requirements of Subsection G of 19.15.17.13 NMAC

6.  
**Operator Application Certification:**  
I hereby certify that the information submitted with this application is true, accurate and complete to the best of my knowledge and belief.  
Name (Print): Jeff Harvard Title: Manager  
Signature:  Date: 12/1/14  
e-mail address: jharvard@hpcnm.com Telephone: 575-208-7135

7.  
**OCD Approval:** ☐ Permit Application (including closure plan) ☐ Closure Plan (only)

OCD Representative Signature: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Title: \_\_\_\_\_ OCD Permit Number: \_\_\_\_\_

8.  
**Closure Report (required within 60 days of closure completion):** Subsection K of 19.15.17.13 NMAC

*Instructions: Operators are required to obtain an approved closure plan prior to implementing any closure activities and submitting the closure report. The closure report is required to be submitted to the division within 60 days of the completion of the closure activities. Please do not complete this section of the form until an approved closure plan has been obtained and the closure activities have been completed.*

☐ Closure Completion Date: \_\_\_\_\_

9.  
**Closure Report Regarding Waste Removal Closure For Closed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:**

*Instructions: Please identify the facility or facilities for where the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more than two facilities were utilized.*

Disposal Facility Name: James Federal #1 Disposal Facility Permit Number: SWD-486

Disposal Facility Name: \_\_\_\_\_ Disposal Facility Permit Number: \_\_\_\_\_

Were the closed-loop system operations and associated activities performed on or in areas that *will not* be used for future service and operations?

☐ Yes (If yes, please demonstrate compliance to the items below) ☒ No

*Required for impacted areas which will not be used for future service and operations:*

☐ Site Reclamation (Photo Documentation)

☐ Soil Backfilling and Cover Installation

☐ Re-vegetation Application Rates and Seeding Technique

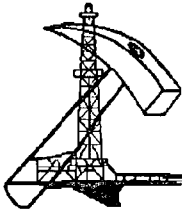
10.  
**Operator Closure Certification:**

I hereby certify that the information and attachments submitted with this closure report is true, accurate and complete to the best of my knowledge and belief. I also certify that the closure complies with all applicable closure requirements and conditions specified in the approved closure plan.

Name (Print): Jeff Harvard Title: Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

e-mail address: jharvard@hpcnm.com Telephone: 575-208-7135



## **HARVARD PETROLEUM COMPANY, LLC**

200 East Second Street • P.O. Box 936 • Roswell, NM 88202-0936 • (575) 623-1581 • Fax (575) 622-8006

### **Closed-loop System Permit Application Attachment James Federal #1 SWD**

#### **Design Plan:**

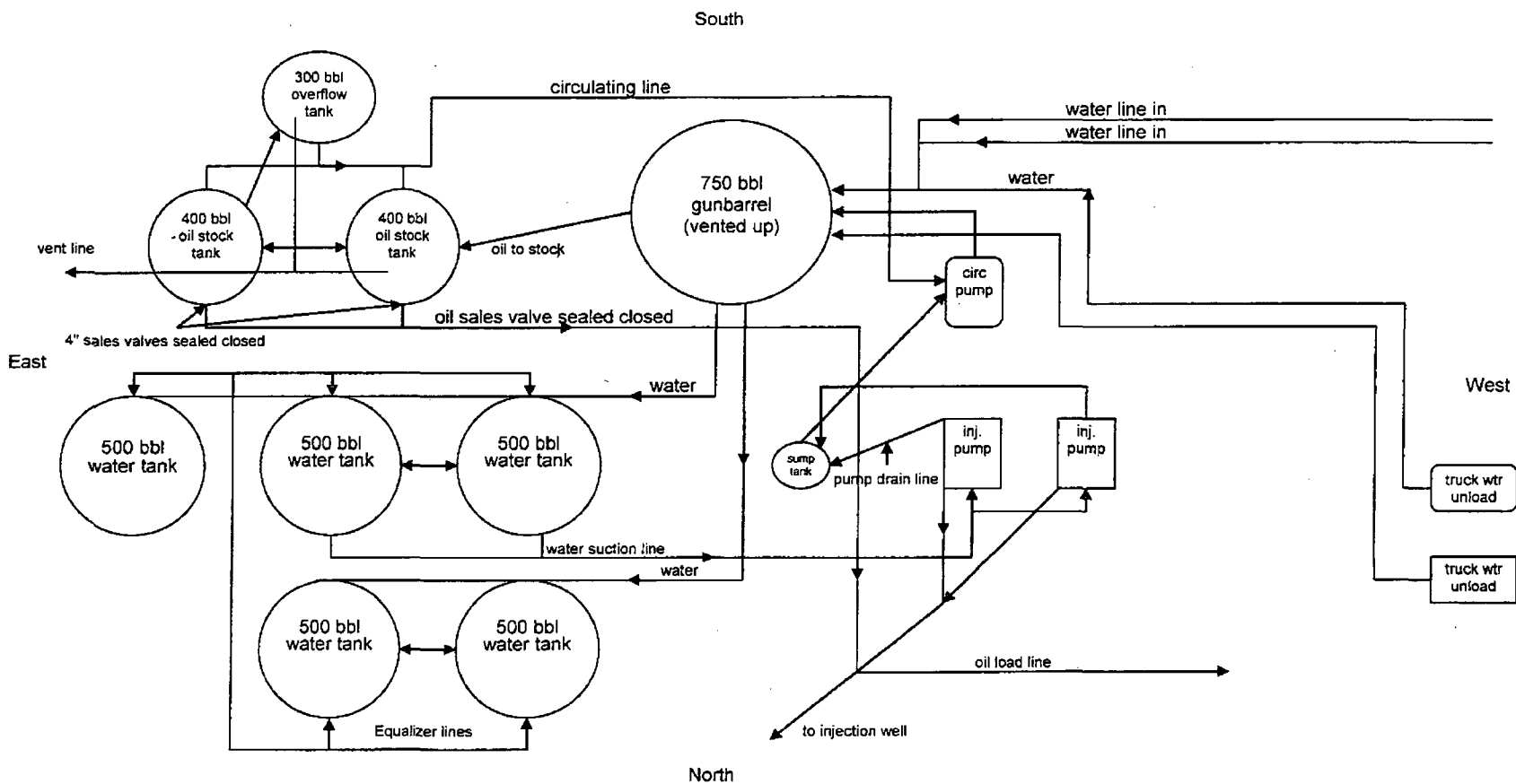
A Basic Energy vacuum truck will be tied onto the casing and/or tubing as needed to draw off any fluid while TOH and TIH with tubing and will pump all fluid back into the gunbarrel and water holding tanks that are on location (see location diagram).

#### **Operating and Maintenance Plan:**

The vac truck and all lines will be monitored for any leaks. If a leak is discovered, it will be promptly shut in and replaced and the affected area remediated.

#### **Closure Plan:**

The vac truck and all lines will be removed after the workover is completed.



**James Federal #1 SWD Tank Battery and Facilities**  
**Harvard Petroleum Company, LLC - Operator**  
**Unit O, 29-23S-32E West Triste Draw**  
**Fed Lease - NMNM0559539**

Site Security plan located at HPC offices, 200 E. 2nd, Roswell, NM

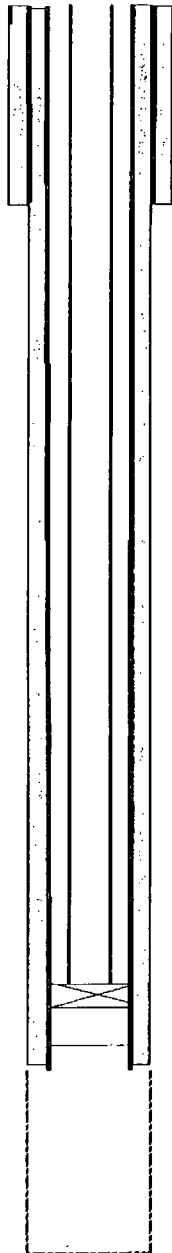


## Harvard Petroleum Company, LLC

### Wellbore Diagram

Well Name: James Federal #1  
Field: W. Triste Draw, Delaware  
API: 30-025-31515

Spud Date: 02/19/92  
Completion Date:  
Last Update: 06/08/11



**Surface:** 12 1/4" hole, 8 5/8" 24# K55 at 654'  
cmt w/ 400 sx C +2% CaCl, circ 170 sx to pit

**Production:** 7 7/8" hole, 5 1/2" 17# K55 at 4844'  
cmt w/ 100 sx C w 2% CaCl, TOC @ 4215' CBL

**Tbg and Pkr:** 151 jis 2 7/8" J55 w Arrow Set 1X Packer at 4780'

**End of Casing at 4844'**

**Open Hole TD - 6160'**