

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

clerk
[Signature]

Form C-103

Revised March 25, 1999

WELL API NO.

30-015-22562

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

E-952

7. Lease Name or Unit Agreement Name:

Eddy GZ State Com

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

Harvard Petroleum Corporation

3. Address of Operator

PO Box 936, Roswell, NM 88201

8. Well No.

1

9. Pool name or Wildcat

W. Millman, Grayburg

4. Well Location

Unit Letter I : 1980 feet from the South line and 660 feet from the East line

Section 12 Township 19S Range 27E NMPM Eddy County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)

3489.1 GR

11. 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 COMPLETION ☐

OTHER: TA Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TA test

MIRU pulling unit on 2/20/02

TOH w/ rods and 2 3/8" tubing

PU 8 5/8" bridge plug, TIH to within 100' of 1872' (top perf)

Set RBP, RU kill truck and test to at least 500 psi for 30 min.

Release RBP, TOH and LD 2 3/8" tbg

Schedule test 24 hours in advance with
OCD. 505-748-1283. Test to 500# for
thirty minutes. A pressure drop of not
greater than 10% will be allowed.

OCD must witness test.

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

SIGNATURE

[Signature]

TITLE

PRESIDENT

DATE

2/20/02

Type or print name

JEFF DARUARD

Telephone No. 505-7623-454

(This space for State use)

APPROVED BY

[Signature]

TITLE

Wild Sp ID

DATE

FEB 21 2002

Conditions of approval, if any: