

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

Form C-103
Revised March 25, 1999

WELL API NO.
30-015-22649
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
V-1652

7. Lease Name or Unit Agreement Name:
H & S

8. Well No.

1

9. Pool name or Wildcat
Millman - Grayburg

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, 88202-0936

4. Well Location

Unit Letter J : 1980 feet from the South line and 1980 feet from the East line

Section 24

Township 19 South

Range 27 East

NMPM Eddy

County

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

3498.6 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: Casing Integrity Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

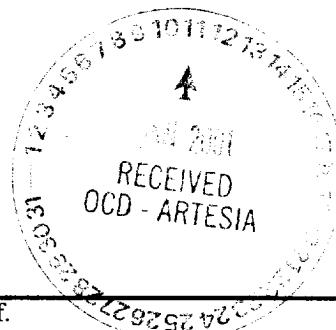
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

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.

1/11/01 - MIRU PU, PU 2 3/8" tbg and packer, RIH to \pm 1750' and set packer. (Perfs 1814-1916)
Test backside to 500 psi for 30" with a chart recorder. Bleed off pressure, release pkr, TOH, RD
PU and clean up location.



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

SIGNATURE Jeff Harvard TITLE Vice President DATE 1/9/01

Type or print name Jeff Harvard

Telephone No. 505-623-1581

(This space for State use)

APPROVED BY Mae Stillfield TITLE Field Rep. II DATE 1/30/2001
Conditions of approval, if any: