

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
May 27, 2004

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

WELL API NO. 30-015-24192
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. L-4053
7. Lease Name or Unit Agreement Name Roy
8. Well Number 1
9. OGRID Number
10. Pool name or Wildcat W. Millman Grayburg
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3452 GR

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 checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	RECEIVED
2. Name of Operator Harvard Petroleum Corp.	NOV 17 2005
3. Address of Operator PO Box 936 Roswell, NM 88201	OCD-ARTESIA

4. Well Location Unit Letter H : 1980 feet from the North line and 660 feet from the East line Section 23 Township 19S Range 27E NMPM Eddy County

Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 COMPL <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
CASING/CEMENT JOB <input type="checkbox"/>	

OTHER: ☐

OTHER: ☐

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. 3/29/05 Set 4-1/2" CIBP @ 1400'
2. 3/29/05 Tbg. 1400', circulate hole w/ MLF, spot 10 sx. cmt., TOC @ 1253'.
3. 3/30/05 Tbg. 372', spot 10 sx. cmt. w/ 3% CaCl, WOC & tag 223'.
4. 3/30/05 Perf 4-1/2" csg 100', establish rate 200 psi, well would not circulate.
5. 3/30/05 Pkr. 30', sqz. 50 sx. cmt. w/ 3% CaCl, disp 50', WOC & tag (no tag).
6. 3/30/05 Pkr. 30', resqz. 35 sx. cmt., disp to 50', WOC.
7. 3/31/05 Pressure test 900 psi, tag plug 70'.
8. 3/31/05 Tbg. 70', circulate 15 sx. cmt. to surface, POOH tbg, fill well bore.

Approved as to plugging of the well bore. Liability
under bond is retained until surface restoration,
environmental remediation and final inspection is
completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Roger Massey TITLE Agent DATE 4/6/05

Type or print name Roger Massey
For State Use Only

E-mail address:

Telephone No. 432-530-0907

APPROVED BY: _____ TITLE _____ DATE AUG 10 2006
Conditions of Approval (if any):

Accepted for record
NMOCD