Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells)
API-30-025-27136

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No.
V-1811

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:
DRILL [ ] RE-ENTER [ ] DEEPEN [ ] PLUG BACK [X]

b. Type of Well:
OIL WELL [X] GAS WELL [ ] OTHER SINGLE ZONE [ ] MULTIPLE ZONE [ ]

7. Lease Name or Unit Agreement Name
State "1G" Com

2. Name of Operator
Harvard Petroleum Corporation

8. Well No.
#1

3. Address of Operator
P.O. Box 936, Roswell, New Mexico 88202

9. Pool name or Wildcat wild cat - Delaware
~~So. Sand Dunes (B-Spring)~~

4. Well Location
Unit Letter B : 660' Feet From The North Line and 1980' Feet From The East Line

Section 32 Township 23-S Range 32-E NMPM Lea County

10. Proposed Depth

11. Formation
Del. Brushy Canyon

12. Rotary or C.T.

13. Elevations (*Show whether DF, RT, GR, etc.*)
3664' GR

14. Kind & Status Plug. Bond
Blanket

15. Drilling Contractor

16. Approx. Date Work will start
ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
20"	16"	65"	705'	750 sks	circ.
14-3/4"	10-3/4"	51#	4740'	3160 sks	
9-1/2"	7-5/8"	39 & 33.7#	12060'	1975 sks	

1.) Move in completion unit; TOH w/ rods and tubing;

2.) Set RBP at 8600' and test.

3.) Perf and acidize to evaluate zones of interest in the Delaware Brushy Canyon.

4.) Test production.

Logs, tops and DST information filed by Amoco when well drilled originally.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE _____ TITLE Vice President DATE 3/9/92

TYPE OR PRINT NAME Jeff Harvard TELEPHONE NO. (505)623-1581

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE MAR 11 '92

CONDITIONS OF APPROVAL, IF ANY: