Form 3160-5 (June 1990)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993

5. Lease Designation and Serial No.

NM-0559539

SUR Do not use this form fo Use "A	6. If Indian, Allottee or Ta	ribe Name		
	7. If Unit or CA, Agreement Designation			
1. Type of Well		:		
X Oil			8. Well Name and No.	
2. Name of Operator	James Federal #1			
Harvard Petrol	9. API Well No.			
3. Address and Telephone No. P.O. Box 936,	30-025-31515  10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec.,	West Triste/Delaware			
	11. County or Parish, State	DCIAWAIC		
810' FSL & 1830 Sec. 29 T23S-R				
Sec. 29 T23S-R32E N.M.P.M.			Lea, New Mexico	
12. CHECK APPE	ROPRIATE BOX(	s) TO INDICATE NATURE OF NOTICE, REPO	RT, OR OTHER DA	.TA
TYPE OF SUBMISSION		TYPE OF ACTION		
Notice of Intent		Abandonment	Change of Plans	
C*****		Recompletion	New Construction	
Subsequent Report		Plugging Back	Non-Routine Fracturi	ing
<del></del>		Casing Repair	Water Shut-Off	
Final Abandonment Notice		Altering Casing	Conversion to Injection	on
		XI Other Drilling & Complet	Dispose Water (Note: Report results of multip	sie completion an Well
		Status Il pertinent details, and give pertinent dates, including estimated date of startin	Completion or Recompletion R	Report and Log form.)
2-21-92 2-22 thru 2-25 2-26-92 2-28 thru 3-1 3-2 thru 3-10	TD well at 4848' Run 4844' 5 1/2" 17# K-55 csg. Cmt w/ 100 sks Class "C" w/ 2% CaCl, bump plug @ 2:15 p.m.  3-1 MI RU cable tool unit, bail down well and start drilling on cmt shoe.		) 사망 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전 전	
3-2 thru 3-10 3-11-92 3-12 thru 3-28 3-29-92 3-29 thru 5-20	RU Schlumberg Neutron Log. Evaluate logs	er, run Gamma Ray and Compensated  and test well. feet, TD 4944'	10 W K	<sup>(0)</sup>
5-21-92	-92 RD cable tool unit, Decide to convert well over to a SWD.			2
14. I hereby certify that the foregoil	//	arvardu. Vice President		
Signed A Right	Date7/7,	/92		
(This space for Federal or State	office use)			
Approved by Title Total conditions of approval, if any:			Date	· · · · · · · · · · · · · · · · · · ·