

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
Revised March 25, 1999

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

WELL API NO.
30-025-03433
5. Indicate Type of Lease
STATE FEE
6. State Oil & Gas Lease No.
B-1439

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 SWD

2. Name of Operator
HAL J. RASMUSSEN OPERATING, INC.

3. Address of Operator
550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701

4. Well Location
Unit Letter B : 660 feet from the NORTH line and 1980 feet from the EAST line
Section 7 Township 21S Range 35E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3693 GL

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:
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 recompilation.

Propose to ^TP&A as follows:

- 1. Set CIBP @ 3570'
- 2. TEST CASING TO 500 PSI

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CIBP TO BE APPROVED.

BEFORE EXAMINER
OIL CONSERVATION DIVISION
OCD EXHIBIT NO. 65
CASE NO. 12758-A

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

SIGNATURE [Signature] TITLE Agent DATE 10/31/01

Type or print name Michael P. Jobe Telephone No. 915-687-1664

(This space for State use)
APPROVED BY _____ TITLE NATURAL SCIENCE MANAGER ORIGINAL SIGNED BY GARY W. WINK DATE 10 19 2001
Conditions of approval, if any:

[Handwritten mark]