

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. 30-025-03436
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1439
7. Lease Name or Unit Agreement Name: WILSON A STATE
7. Well No. 1
8. Pool name or Wildcat WILSON YATES 7 RVRS ASSOC. SWD
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3678 DF

**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 G : 3860 feet from the SOUTH line and 2540 feet from the EAST line  
 Section 7 Township 21S Range 35E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3678 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

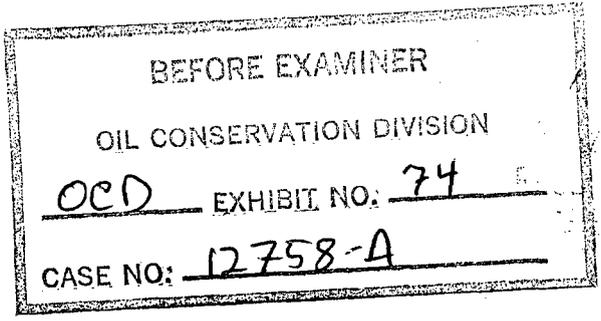
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	OTHER: <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

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.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE C-103 TO BE APPROVED.

Propose to TA well as follows:

1. Set CIBP @ 3690'
2. TEST CASING TO 500 PSI



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

SIGNATURE Michael P. Jobe TITLE Agent DATE 10/31/01

Type or print name Michael P. Jobe  
 (This space for State use)

ORIGINAL CHECKED BY  
 GARY W. W. Telephone No. 915-687-1664  
 NATURAL SCIENCE MANAGER - 2

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE NOV 19 2001  
 Conditions of approval, if any: