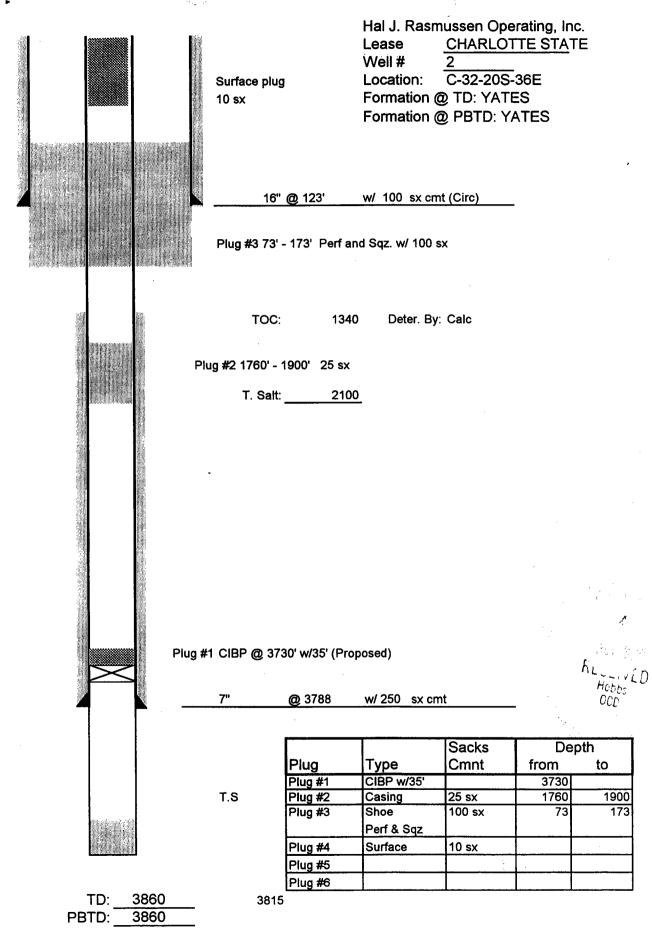
| Submit 3 Copies To Appropriate District<br>Office<br><u>District I</u>                                                                                                                                                                                      | State of New Mexico<br>Energy, Minerals and Natural Resources                 |                                                                                                               | Form C-103<br>Revised March 25, 1999<br>WELL API NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u><br>1201 W. Grand Ave. Artesia NM 88210<br>OIL CONSERVATION DIVISION                                                                                                                               |                                                                               |                                                                                                               | 30-025- 04377                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| District III 1220 South St. Francis Dr.                                                                                                                                                                                                                     |                                                                               | 5. Indicate Type of Lease<br>STATE STATE                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV<br>1220 S. St. Francis Dr., Santa Fe, NM<br>87505<br>Santa Fe, NM 87505                                                                                                                                 |                                                                               |                                                                                                               | 6. State Oil & Gas Lease No.<br>B-1931                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH<br>PROPOSALS.)<br>1. Type of Well:<br>Oil Well Gas Well Other |                                                                               |                                                                                                               | 7. Lease Name or Unit Agreement Name:<br>CHARLOTTE STATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2. Name of Operator<br>HAL J. RASMUSSEN OPERATING, INC.                                                                                                                                                                                                     |                                                                               |                                                                                                               | 7. Well No. 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. Address of Operator<br>550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701                                                                                                                                                                                     |                                                                               |                                                                                                               | 8. Pool name or Wildcat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. Well Location                                                                                                                                                                                                                                            | EXAS, SUITE 200, MIDLAN                                                       | ID, TEXAS 79701                                                                                               | EUMONT YATES 7 RVRS QUEEN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Unit LetterC:_                                                                                                                                                                                                                                              | _660feet from theNORT                                                         | Hline andl                                                                                                    | 980feet from the _WESTline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Section 32                                                                                                                                                                                                                                                  | Township 20S                                                                  | Range 36E                                                                                                     | NMPM LEA County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                             | 10. Elevation (Show whether<br>3634 GL                                        | er DR, RKB, RT, GR, et                                                                                        | c.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 11. Check A<br>NOTICE OF IN<br>PERFORM REMEDIAL WORK                                                                                                                                                                                                        | ppropriate Box to Indica                                                      |                                                                                                               | SEQUENT REPORT OF:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                             |                                                                               | COMMENCE DR                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                             |                                                                               | CASING TEST A<br>CEMENT JOB                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| OTHER:                                                                                                                                                                                                                                                      |                                                                               | OTHER:                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 12. Describe proposed or completed starting any proposed work). SE recompilation.                                                                                                                                                                           | E RULE 1103. For Multiple<br>THE<br>HOU                                       | pertinent details, and g<br>Completions: Attach w<br>COM/AISSION MUST<br>JRS PRIOR TO THE<br>SGING OPERATIONS | BEGINNING OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Propose to P&A as follo                                                                                                                                                                                                                                     | ows: TO                                                                       | BE APPROVED.                                                                                                  | and the second se |
| 2. 25 sx cement plug                                                                                                                                                                                                                                        | ag + dump bail 35' ceme<br>1740' – 1900' TAG ( Top<br>f @ 172' f: See Tee (Se | nt plug (Bottern)<br>p Salt @1950')                                                                           | BEFORE EXAMINER<br>DIL CONSERVATION PIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                             | f @ 173'& Sqz Tag (Si<br>w/ regulation marker                                 | Inace Shoen                                                                                                   | CONSERVANCE Force 48                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                             |                                                                               | HEARING                                                                                                       | 2CD EXHIBIT NO: 12758-A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| I hereby certify that the information above is try and complete to the best of my knowledge and welter                                                                                                                                                      |                                                                               |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SIGNATURE Mul                                                                                                                                                                                                                                               |                                                                               | E_Agent                                                                                                       | DATE_10/31/01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Type or print name Michael P. Job                                                                                                                                                                                                                           | ÷                                                                             | 98°                                                                                                           | Telephone No. 915-687-1664                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| (This space for State use)                                                                                                                                                                                                                                  |                                                                               | · · ·                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| APPPROVED BY                                                                                                                                                                                                                                                |                                                                               |                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Conditions of approval, if any:                                                                                                                                                                                                                             |                                                                               | GARY W. W<br>NATURAL SCIENCE M                                                                                | •1 •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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MPJ 10/31/01