

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

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

Form C-103
Revised March 25, 1999

WELL API NO.

30-025-~~32741~~ 02547

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.
B-6807

7. Lease Name or Unit Agreement Name:

KAISER STATE

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

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 J : 2310 feet from the SOUTH line and 2310 feet from the EAST line

Section 13

Township 21S Range 34E

NMPM LEA

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3649 GR

7. Well No. 42

8. Pool name or Wildcat

WILSON YATES 7 RVRS ASSOC.

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: ☐

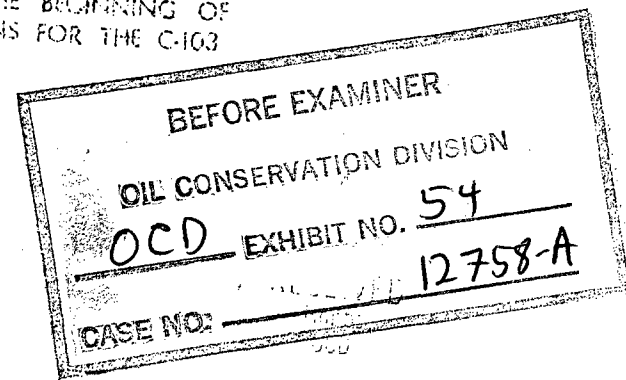
12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

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

Propose to TA as follows:

1. SET CIBP @ 3400'
2. TEST CSING TO 500 PSI

HEARING



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

Telephone No. 915-687-1664

(This space for State use)

APPROVED BY GARY W. WINK TITLE NATURAL SCIENCE MANAGER - 2 DATE NOV 13 2001

Conditions of approval, if any:

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