

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
 May 27, 2004

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

WELL API NO. 30-025-03433
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Wilson "A" State
8. Well Number 2
9. OGRID Number
10. Pool name or Wildcat Jalmat Tansil, Yates, Seven Rivers
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>
Pit type <u>Steel</u> Depth to Groundwater <u>42'</u> Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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, LP

3. Address of Operator
550 W. Texas, Ste. 200, Midland, TX 79701

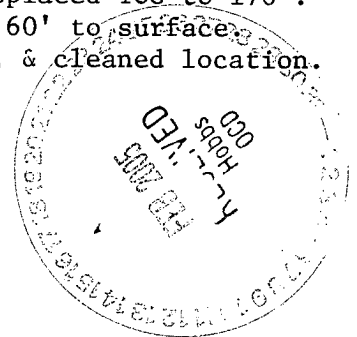
4. Well Location
 Unit Letter B : 660 feet from the N line and 1980 feet from the E line
 Section 7 Township 21S Range 35E NMPM County Lea

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

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

13. 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. 1. 1-21-05 Nofity NMOCD Gary Wink. 1-24-05 2. Unable to get below 3213'. Spot 25 sx cmt. @ 3213' as per OCD Gary Wink. 1-25-05 3. Tag TOC @ 2992'. 4. Circ. hole w/ 9.5# MLF. 5. Spot 25 sx cmt. w/ 2% CaCl @ 1800' WOC w/ no tag. 6. Spot 25 sx cmt. @ 1800'. 1-26-05 7. Tag TOC @ 1537'. 8. Pressure up under pkr. @ 500# on perms @ 685' to 1500 PSI, no PIR. Spot 25 sx cmt. w/ 2% CaCl @ 735' WOC & tag TOC @ 499'. 9. Sqz. 35 sx cmt. under pkr. @ 90' thru perms. @ 276' @ 2 BPM @ 0 PSI. Displaced TOC to 176'. SIP @ 0 PSI. 1-27-05 10. Tag TOC @ 170'. 11. Circulated 10 sx cmt. 60' to surface. 12. Cut off WH & deadmen. Install dry hole marker, backfill cellar, & cleaned location.

Approved as to plugging of the Well Bore.
 Liability under bond is retained until
 surface restoration is completed.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE [Signature] TITLE Agent DATE 1-31-05

Type or print name Roger Massey E-mail address: _____ Telephone No. 432-530-0907

APPROVED BY: Gary W. Wink DATE FEB 17 2005
 Conditions of Approval (if any) _____ FIELD REPRESENTATIVE II/STAFF MANAGER