

HAL J. RASMUSSEN OPERATING, INC.

SIX DESTA DRIVE, SUITE 5850

MIDLAND, TEXAS 79705

(915) 687-1664

OIL CONSERVATION DIVISION
RECEIVED

'90 AUG 13 AM 9 12

July 25, 1990

Mr. William J. LeMay, Director
New Mexico Oil Conservation Division
P. O. Box 2088
Sante Fe, New Mexico 87501

RE: Administrative Approval of an Unorthodox Well Location
State "A" a/c 1 # 106
Jalmat Gas Pool
Lea County, New Mexico

Dear Mr. LeMay,

Hal J. Rasmussen Operating Inc. respectfully requests administrative approval to recomplete the State A a/c 1 (#106) at an unorthodox well location, located 660 ft FNL and 660 ft FEL of Section 13, T23S R36E, Lea County, New Mexico. The State "A" a/c 1 # 106 is currently TA'd in the Langlie Mattix Pool.

The offset operators have been notified of this application by certified mail. Copies of the return receipts will be forwarded when received. Attached is a plat showing the location of the State "A" a/c 1 # 106, and the proration unit the well will be included in. A list of offset operators has also been attached.

If you need any further information regarding this request, please call me at (915) 687-1664.

Thank-you for your consideration.

Sincerely,

Jay Cherski

Jay Cherski

CC: New Mexico Oil Conservation Division District 1 Office
P.O. Box 1980
Hobbs, New Mexico 88240

Submit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

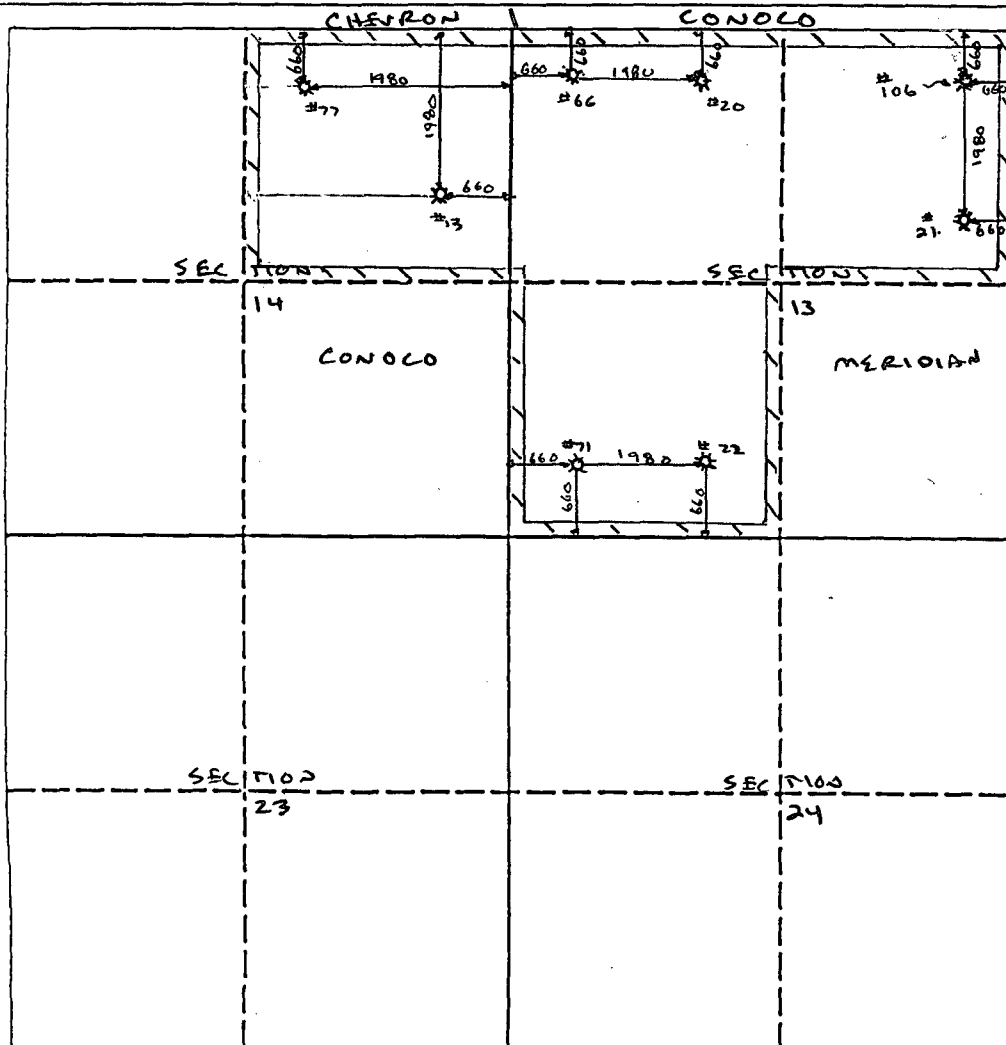
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Hal J. Rasmussen Operating, Inc.			Lease STATE "A" N 1/4 Sec 13 E 31 E NMPM		Well No. 106
Unit Letter A	Section 13	Township 23 S	Range 31 E	County Lea	
Actual Footage Location of Well: 660 feet from the NORTH line and 660 feet from the WEST line					
Ground level Elev.	Producing Formation YATES	Pool Jalmat-TNSL-YTS-7R			Dedicated Acreage: 640 Acres

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name

Jay D. Cherski

Position

Agent

Company

Hal J. Rasmussen Operating, Inc.

Date

7/26/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

Signature & Seal of
Professional Surveyor

Certificate No.

State "A" a/c 1 well #106
Offset Operators

Chevron
Mr. Al Bohling
P.O. Box 670
Hobbs, New Mexico 88240

Meridian Oil Corp.
Mr. Jim Cramer
21 Desta Drive
Midland , Texas 79705

Conoco, Inc.
Mr. Hugh Ingram
P.O. Box 460
Hobbs, New Mexico 88240

Parker and Parsley
Mr. Jim Moring
P.O. Box 3179
Midland, Texas 79702



STATE OF NEW MEXICO

ENERGY DIVISION MINERALS DEPARTMENT

RECEIVED

OIL CONSERVATION DIVISION

'90 AUG 20 AM 9 47

HOBBS DISTRICT OFFICE

8-10-90

GARREY CARRUTHERS
GOVERNOR

POST OFFICE BOX 1980
HOBBS, NEW MEXICO 88241-1980
(505) 393-6161

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RE: Proposed:

MC	_____
DHC	_____
NSL	<u>X</u> _____
NSP	_____
SWD	_____
WFX	_____
PMX	_____

Gentlemen:

I have examined the application for the:

<u>Hal J. Rasmussen Oper. Inc.</u>	<u>State A A/c-1</u>	<u>#106-A</u>	<u>13-23-36</u>
Operator	Lease & Well No.	Unit	S-T-R

and my recommendations are as follows:

OK

Yours very truly,

Jerry Sexton
Jerry Sexton
Supervisor, District 1

/ed

3-10-11-12

OIL CONSERVATION DIVISION
RECEIVED

'90 SEP 7 AM 8 21

HAL J. RASMUSSEN OPERATING, INC.
SIX DESTA DRIVE, SUITE 2700
MIDLAND, TEXAS 79705
(915) 687-1664

August 20, 1990

Oil Conservation Division
P.O. Box 2088
State Land Office Building
Santa Fe, New Mexico 87504

Attn: Mr. Michael Stogner

Dear Mr. Stogner:

Enclosed are the Certified Mail Return Receipts from Offset Operators per-
taining to our recent applications for Unorthodox Locations on the State "A"
Account 1 well no.'s 85, 102, 106, State "A" Account 2 well no.'s 55 and 58.

If you have any questions or if I can be of any further assistance please let
me know.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.

Nona Hopkins

Nona Hopkins
Secretary

/nh

Enclosures

cc: Oil Conservation Division
P.O. Box 1980
Hobbs, New Mexico 88240

Well #85 - F-11-23-36

Well #55 - P-8-22-36

Well #58 - L-8-22-36

Well #106 - A-13-23-36

Well #102 - D-14-23-36

SENDER: Complete Items 1 and 2 when additional services are desired; and complete Items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 ☒ Show to whom delivered, date and addressee's address (Extra charge) 2 ☐ Restricted Delivery (Extra charge)

3 Article Addressed to:
Seymour
P.O. Box 928
Dobbs, N.Y. 88240

4 Article Number
P 046 612 001

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Address
X *S.D. Gryn*

6 Signature - Agent
X

7 Date of Delivery
8-14-80

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional services are desired; and complete Items 3 and 4.
 Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1 ☒ Show to whom delivered, date and addressee's address (Extra charge) 2 ☐ Restricted Delivery (Extra charge)

3 Article Addressed to:
Chevron
P.O. Box 670
Dobbs, N.Y. 88240

4 Article Number
P 046 612 007

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Address
X *Danaway*

6 Signature - Agent
X

7 Date of Delivery
8-10-80

8 Addressee's Address (ONLY if requested and fee paid)

PS Form 3811, Mar. 1988 • U.S.G.P.O. 1988-212-885 DOMESTIC RETURN RECEIPT

SENDER: Complete Items 1 and 2 when additional services are desired; and complete Items 3 and 4.
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1 ☒ Show to whom delivered, date and addressee's address (Extra charge) 2 ☐ Restricted Delivery (Extra charge)

3 Article Addressed to:
Lanexer
P.O. Box 1206
Opel, N.Y. 88052

4 Article Number
P 046 611 999

Type of Service:
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5 Signature - Address
X

6 Signature - Agent
X *Lynn Chacon*

7 Date of Delivery
8-10-80

8 Addressee's Address (ONLY if requested and fee paid)

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Jahoe Energy</i> <i>4402 W. Industrial</i> <i>Midland Tx 79703</i>	4. Article Number <i>P 046 612 000</i>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Address <i>X</i>	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X Betty Freeman</i>	
7. Date of Delivery <i>8/19/90</i>	

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-836 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Conoco</i> <i>P.O. Box 460</i> <i>Hobbs 71 M. 88240</i>	4. Article Number <i>P 046 612 006</i>
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Address <i>X</i>	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X Anita Gonzales</i>	
7. Date of Delivery <i>8-14-90</i>	

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-836 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>W. I. Oil Co</i> <i>700 Petroleum Bldg</i> <i>Wichita Falls, Tx 76301</i>	4. Article Number <i>P 046 612 002</i>
Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise	
Always obtain signature of addressee or agent and DATE DELIVERED	
5. Signature - Address <i>X</i>	6. Addressee's Address (ONLY if requested and fee paid)
6. Signature - Agent <i>X Susan Nopper</i>	
7. Date of Delivery <i>8-13-90</i>	

PS Form 3811, Mar. 1988 U.S.G.P.O. 1988-212-836 DOMESTIC RETURN RECEIPT

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Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Cpy U.S.A. P.O. Box 50250 Midland Tx 79710	4. Article Number P 046 612 005 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 8/1/90	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Meridian 21 Dista Drive Midland Tx 79705	4. Article Number P 046 612 003 Type of Service: <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery 8-10-90	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge) 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: Parker & Paraly P.O. Box 3129-3178 Midland, Tx 79702	4. Article Number P 046 611 998 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise Always obtain signature of addressee or agent and <u>DATE DELIVERED</u> .
5. Signature — Address X	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent X	
7. Date of Delivery AUG 10 1990	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT