

#4

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

OIL CONSERVATION DIVISION
RECEIVED
90 OCT 10 AM 9 12

October 3, 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 2 #29
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 2 # 29 at an unorthodox well location, located 660 ft FNL and 660 ft FWL of Section 9, T22S R36E, Lea County, New Mexico. The State "A" a/c 2 # 29 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 2 #29, 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

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

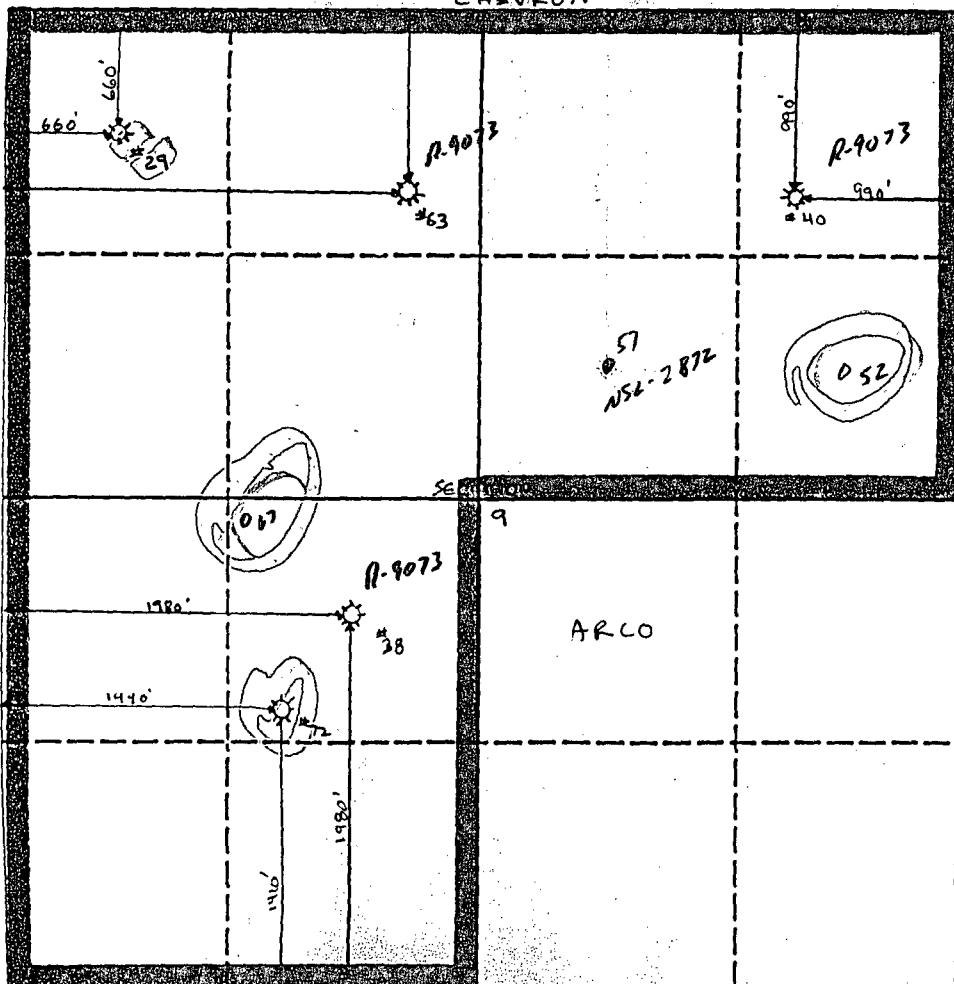
Operator Hal J. Rasmussen Operating, Inc.			Lease State A A/C 2		Well No. 29
Unit Letter D	Section 9	Township 22 S	Range 36 E	County Lea	

Actual Footage Location of Well:

660 feet from the NORTH line and	660 feet from the WEST line
Ground level Elev. TANILL-YATES	Pool Jalmat-TNSL-YTS-7R
Dedicated Acreage: 480 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. 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, force-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.

CHEVRON



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
10/3/90

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.

Offset Operators

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

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

ARCO
P.O. Box 1610
Midland, Texas 79702
Attn: Kevin Renfro

Marathon
P.O. Box 552
Midland, Texas 79702
Attn: Mr. W. O. Snyder

OIL CONSERVATION DIVISION
RECEIVED

'90 OCT 25 AM 9 17

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

October 22, 1990

Mr. Michael E. Stogner
Chief Hearing Officer/Engineer
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504

Dear Mr. Stogner:

Enclosed are certified mail return receipts for the unorthodox location applications recently submitted on the State A Account 1 #54, #57, #65, #103, #122, State A Account 2 #72, #52, #45, #29, #67, State A Account 3 #6.

If you have any questions or need any further information please call Jay Cherski at 915-687-1664. Thank you for your consideration in this manner.

Sincerely,

HAL J. RASMUSSEN OPERATING, INC.



Nona Hopkins
Secretary

/nh

Enclosures

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:
Doyle Hartman
c/o Harold Swain
Drawerm.
Gal, New Mexico 88252

4. Article Number
P 046 612 028

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 *Cheryl Watson*

7. Date of Delivery
10-10-90

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Lamirco
attn: Robert Lamford
P.O. Box 1206
Gal, New Mexico

4. Article Number
P 046 612 020

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 *Laura Chacon*

6. Signature — Agent
X

7. Date of Delivery
10-9-90

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Jahoe
attn: K.A. Freeman
4402 W. Industrial
Midland, Tx 79703

4. Article Number
P 046 612 022

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 *Deann Deomba*

7. Date of Delivery
10-9-90

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Arcu
attn: Kevin Benfro
P.O. Box 1610
Midland, Tx 79702

4. Article Number
P 046 612 023

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 *Kevin Benfro*

7. Date of Delivery
OCT 9 1990

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Marathon
attn: W.O. Snyder
Box 552
Midland, Tx 79702

4. Article Number
P 046 612 025

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 *Sammy Edwards*

7. Date of Delivery
OCT 9 1990

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Grace Petroleum
P.O. Drawer 2358
Midland, Tx 79702

4. Article Number
P 046 612 027

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 *Edward Perry*

7. Date of Delivery
OCT 9 1990

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Conoco
attn: Bob Kiken
10 Delta Drive
Midland, Tx 79705

4. Article Number
P 046 612 019

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 *Orta Bonzales*

7. Date of Delivery
10-9-90

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Meridian
attn: Jim Cramer
21 Delta Drive
Midland, Tx 79705

4. Article Number
P 046 612 024

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 *J. Hood*

6. Signature — Agent
X

7. Date of Delivery
10-9-90

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

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>C. E. Long 301 N. Colorado Midland, Tx 79701</i>	4. Article Number <i>P 046 612 029</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>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X (Randy Biggs Ste. 160)</i>	
7. Date of Delivery <i>1-9</i>	

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Cherron attn: Al Bohling P.O. Box 1150 Midland Tx 79702</i>	4. Article Number <i>P 046 612 018</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>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X (B. K. Biggs)</i>	
7. Date of Delivery <i>OCT 9 1990</i>	

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Texaco Frederick Pool P.O. Box 730 Hobbs, New Mexico 88240</i>	4. Article Number <i>P 046 612 021</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 (S. D. Biggs)</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i>	
7. Date of Delivery <i>10-11-90</i>	

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. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to: <i>Dallas Mc Casland 90 Oil Reports & Gas Services Inc. P.O. Box 763 Hobbs, New Mexico 88240</i>	4. Article Number <i>P 046 612 026</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 (J. J. J. J.)</i>	8. Addressee's Address (ONLY if requested and fee paid)
6. Signature — Agent <i>X</i>	
7. Date of Delivery <i>10-12-90</i>	

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



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

October 3, 1990

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

Dear Sirs,

In accordance with New Mexico Oil Conservation Division regulations, you, as an offset operator, are hereby notified of Hal J Rasmussen Operating Inc.'s application to recomplete the State "A" a/c-2 well no. 29, a proposed producing well in the Jalmat Pool, as a non-standard location. The well is located 660 feet FNL and 660 feet FWL of Section 9, T22s, R36E, Lea County, New Mexico.

If you have no objections, please execute one copy of this letter and return it in the enclosed self addressed stamped envelope to the attention of Jay Cherski. The second copy may be retained for your files.

Thank you for your cooperation in this matter. If you have any questions, please contact Jay Cherski at (915) 687-1664.

Sincerely,

Hal J Rasmussen Operating, Inc.

Jay Cherski

EXECUTED THE 7 DAY OF Nov 1990

BY Alan W. Bohling
Production Engineer
Chevron, U.S.A.



CONSERVATION DIVISION

RECEIVED

ENERGY

AND

MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

HOBBS DISTRICT OFFICE

10-10-90

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 X + SA _____
NSP _____
SWD _____
WFX _____
PMX _____

Gentlemen:

I have examined the application for the:

Hal J. Rasmussen Oper. Inc. State A Ak-2 #29-D 9-22-36
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