

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
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 API NO.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

**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.)

7. Lease Name or Unit Agreement Name  State "A" A/C 2
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1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
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8. Well No. 40
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2. Name of Operator Hal J. Rasmussen Operating, Inc.
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9. Pool name or Wildcat Jalmat TNSL-YTS-7R (Pro Gas)
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3. Address of Operator 6 Desta Drive, Suite 5850, Midland, Texas 79705
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4. Well Location Unit Letter <u>A</u> : <u>990</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>East</u> Line Section <u>9</u> Township <u>22 S</u> Range <u>36 E</u> NMPM Lea County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3570 G.L.
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
<b>NOTICE OF INTENTION TO:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>
OTHER: <input type="checkbox"/>
<b>SUBSEQUENT REPORT OF:</b>
REMEDIAL WORK <input checked="" type="checkbox"/> ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>

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.

Date started - 4/07-89      Date completed 4-09-89  
POOH w/ tbg, pick up bailer RIH w/ tbg & clean out hole; Acidize w/ 1500 gal 15% NCL NEFe; RIH w/ rods & pump; Put on pump.  
Before: 0 BO, 0 BW, 250 MCFPD  
After: 0 BO, 0 BW, 300 MCFPD

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

SIGNATURE Jay D Cherski TITLE Agent DATE 10/24/89

TYPE OR PRINT NAME Jay D. Cherski TELEPHONE NO. 915-687-1664

(This space for State Use)  
**ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT 4 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**OCT 30 1989**