

#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



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:  
*Noyle Hartman*  
*40 Harold Swain*  
*Draverm.*  
*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

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

3. Article Addressed to:  
*Lamesco*  
*attn: Robert Lanaford*  
*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*

6. Signature - Agent  
*X* *Luan Chacon*

7. Date of Delivery  
*10-9-90*

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

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

3. Article Addressed to:  
*Jahve*  
*attn: K.A. Freeman*  
*4402 W. Industrial*  
*Midland, Tx 79705*

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)

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

3. Article Addressed to:  
*Arco*  
*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* *Arco*

7. Date of Delivery  
*OCT 9 1990*

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

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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)

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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)

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

3. Article Addressed to:  
*Conoco*  
*attn: Bob Kiker*  
*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* *Wita Gonzales*

7. Date of Delivery  
*10-9-90*

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

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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*

6. Signature - Agent  
*X* *J. Hood*

7. Date of Delivery  
*10-9-90*

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

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

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

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

3. Article Addressed to: Chevron attn: Al Bohling P.O. Box 1150 Midland Tx 79702	4. Article Number P 046 612 018
5. Signature - Address X	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
6. Signature - Agent X <i>Al Bohling</i>	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery OCT 9 1990	8. Addressee's Address (ONLY if requested and fee paid)

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

3. Article Addressed to: Jupaco Fussell Pool P.O. Box 730 Hobbs, New Mexico 88240	4. Article Number P 046 612 021
5. Signature - Address X <i>S.D. Hyman</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
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10-11-90	8. Addressee's Address (ONLY if requested and fee paid)

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

3. Article Addressed to: Dallas Mc Casland 90 Oil Reporters & Gas Services Inc. P.O. Box 763 Hobbs, New Mexico 88240	4. Article Number P 046 612 026
5. Signature - Address X <i>D. Mc Casland</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
6. Signature - Agent X	Always obtain signature of addressee or agent and DATE DELIVERED.
7. Date of Delivery 10-12-90	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



**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.



OIL CONSERVATION DIVISION

RECEIVED

ENERGY AND MINERALS DEPARTMENT

STATE OF NEW MEXICO  
OIL CONSERVATION DIVISION  
HOBBS DISTRICT OFFICE

'90 OCT 15 AM 9 42

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	<u>X + SA</u>
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

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Yours very truly,

*Jerry Sexton*  
 Jerry Sexton  
 Supervisor, District 1

/ed