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Office	te of New M		Form C-103
District I Energy, Min	erals and Nati	ural Resources	Revised March 25, 1999 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II			30-025-24073
1301 W. Grand Ave., Artesia, NM 88210 UIL CONS		N DIVISION	5. Indicate Type of Lease
1000 Die Dennes Dd. Artes NIA 97410	South St. Fra		STATE S FEE
District IV San 1220 S. St. Francis Dr., Santa Fe, NM	nta Fe, NM 8	7505	6. State Oil & Gas Lease No.
87505			B-229
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:		7. Lease Name or Unit Agreement Name: GULF COOKIE STATE	
Oil Well 🛛 Gas Well 🗌 Other			
2. Name of Operator		7. Well No. 2	
HAL J. RASMUSSEN OPERATING, INC.		9 Declarance will be t	
3. Address of Operator 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701		8. Pool name or Wildcat JALMAT TANSIL, YATES, 7 RVRS.	
4. Well Location			
	ship 23S Ra	ange 36E	NMPM LEA County
***************************************		OR, RKB, RT, GR, etc	c.)
3450			
11. Check Appropriate Box			•
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABAN		REMEDIAL WOR	SEQUENT REPORT OF: K
		COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING DULL OR ALTER CASING COMPLETION		CASING TEST AND CEMENT JOB	
OTHER:		OTHER:	
 Describe proposed or completed operations. (Clear starting any proposed work). SEE RULE 1103. For recompilation. 	THE COMMUNICATION	NUT A CONTRACT OF THE SECTION AND THE SECTION AND THE SECTIONS FOR THE SECTIONS FOR	ellbore diagram of proposed completion or NOTIFED 24 INNING OF
			BEFORE EXAMINER
Propose to TA as follows:			x
/. SET CIBP @ 3300'			OIL CONSERVATION DIVISION
2. TEST CSING TO 500 PSI		e e	2CD EXHIBIT NO.1 51
2. 1251 CSHOLIO 5001 51			Hobbs to a co-A
		PAC	$\frac{\text{2CD}}{\text{EXHIBIT NO}_{10}} = \frac{1}{2758} = \frac{1}{4000}$
		a <u>uno</u>	
I however south that the information shows in the second			
	mulate as the 1	ant of me lar - 4-1	a and halist
I hereby certify that the information above is true and co	mplete to the b	best of my knowledg	e and belief.
SIGNATURE	omplete to the b	pest of my knowledg _Agent	e and beliefDATE_10/31/01
NA II	-		DATE_10/31/01
SIGNATURE MACH	-	_Agent	DATE_10/31/01 Telephone No. 915-687-1664
SIGNATURE Michael P. Jobe Type or print name Michael P. Jobe (This space for State use)	TITLE		DATE_10/31/01
SIGNATURE Michael P. Jobe	-		DATE_10/31/01 Telephone No. 915-687-1664