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Submit 3 Copies To Appropriate District State of New Me		Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240 Energy, Minerals and Natu	ral Resources	Revised March 25, 1999 WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		30-025-03427 5. Indicate Type of Lease
District III 1220 South St. Fran	III 1220 South St. Francis Dr.	
00 Rio Brazos Rd., Aztec, NM 87410 Atrict IV Santa Fe, NM 87505		6. State Oil & Gas Lease No.
1220 S. SL. Francis Dr., Santa Fe, NM 87505		B-1399
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name:
(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.)		SHELL STATE
1. Type of Well:		
Oil Well Gas Well Other 2. Name of Operator		7. Well No. 7
HAL J. RASMUSSEN OPERATING, INC.		7. Woh No. 7
3. Address of Operator		8. Pool name or Wildcat
550 W. TEXAS, SUITE 200, MIDLAND, T	EXAS 79701	WILSON YATES 7 RVRS ASSOC.
4. Well Location		
Unit Letter F : 1980 feet from theNORTH line and 1907 feet from theWEST line		
Section 7 Township 21S Range 35E NMPM LEA County		
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3669 KB		
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
	REMEDIAL WOR	K ALTERING CASING
	COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT	
PULL OR ALTER CASING DULL OR ALTER CASING COMPLETION	CASING TEST AND	
OTHER:	OTHER:	
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. For Multiple Completions: Attach wellbore diagram of proposed completion or		
recompilation.	THE CO	MANISSION MUST BE NOTIFIED 24
	HOURS	PRIDE TO THE MERINANCE OF
Subject well has 5" liner set @ 3844 TOL @ 3547'		
T.		
Propose to P&A as follows:		BEFORE EXAMINER
		CONSERVATION DIVISION
		2 EXHIBIT NO. 60
	ASE NO	12758-4
	CASE NE	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURETITLE	_Agent	DATE_10/31/01
Type or print name Michael P. Jobe		SIGNE DEPARTMEND. 915-687-1664
(This space for State use)		SIGNLU BY
APPPROVED BY TITLE	GARY SOLE	W. MINK ICE MANAGER - 2 DATE
Conditions of approval, if any:		DAIE 200

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