

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-02547
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-6807
7. Lease Name or Unit Agreement Name Kaiser State
8. Well Number 42
9. OGRID Number
10. Pool name or Wildcat Wilson Yates 7 Rvrs Assoc.

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type steel Depth to Groundwater 112 Distance from nearest fresh water well N/A Distance from nearest surface water N/A

Pit Liner Thickness: mil Below-Grade Tank: Volume bbbls Construction Material

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: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Hal J. Rasmussen Operating, Inc.

3. Address of Operator
550 W. Texas, Suite 500 Midland, TX 79701

4. Well Location
Unit Letter J : 2310 feet from the South line and 2310 feet from the East line
Section 13 Township 21S Range 34E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. 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 recompletion.

3/17/05 1. Notify NMOCD Gary Wink & Buddy Hill. 3/18/05 2. Pressure up under pkr. @ 3100 on perfs @ 3400 to 1500 psi. No pump in rate. Spot 25 sx. cmt. w/ 2% CaCl @ 3450', WOC & tag TOC @ 3089'. 3. Circulate 9.5# MLF. 3/21/05 4. Sqz. 50 sx. cmt. w/ 2% CaCl under pkr. @ 1300' thru perfs @ 1600 @ 1 bbl. per minute @ 1000 psi. Dis TOC to 1500', SIP @ 750', WOC & tag TOC @ 1495'. Sqz. 140 sx. cmt. under pkr. @ 5' thru perfs @ 170 w/ cmt. circulated to surface up 4-1/2" x 7" csg. and up 7" x 15" csg. 3/22/05 5. Tag TOC @ 50', circulate 10 sx. cmt. 50' to surface. 6. RDMO. Cut-off wellhead & anchors, install dry hole marker, and clean location.

Approved as to plugging of the Well Bore.
Liability under bond is retained until
surface restoration is completed.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Roger Massey TITLE Agent DATE 3/31/05

Type or print name Roger Massey
For State Use Only

E-mail address:

Telephone No. APR 06 2005

APPROVED BY: Gary W. Wink TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE

Conditions of Approval (if any):