

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. 30-025-02571
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-11610
7. Lease Name or Unit Agreement Name Wilson State
8. Well Number 1
9. OGRID Number
10. Pool name or Wildcat Wilson Yates 7 RVRs

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type Steel Depth to Groundwater 119 Distance from nearest fresh water well N/A Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls 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, Ave., Ste. 500, Midland, TX 79701

4. Well Location
Unit Letter G : 2310 feet from the North line and 1650 feet from the East line
Section 23 Township 21S Range 34E NMPM County Lea

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

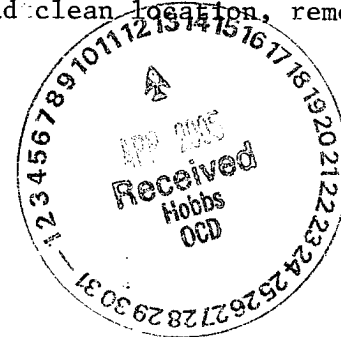
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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.

3/22/05 1. NMOCD Buddy Hill. 3/30/05 2. Unable to get below 1329', consult w/ OCD Buddy Hill, pump 275 sx. cmt. 3/31/05 3. Tag TOC @ 775'. 4. Pump 275 sx. cmt. w/ 2% CaCl @ 775', WOC & tag TOC @ 605'. 5. Pump 275 sx. cmt. @ 605', tag TOC @ 210' on 4/1/05. 4/1/05 6. Pump 150 sx. cmt. w/ 2% CaCl, WOC & tag TOC @ 40'. 7. Pump 50 sx. cmt. @ 40'. 4/4/05 8. Tag TOC @ 6'. 9. Cut 8-5/8" csg., RDMO, install try hole marker, and clean location, remove anchors.

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 _____ TITLE Agent DATE 4/5/05

Type or print name Roger Masser
For State Use Only

E-mail address:

Telephone No. (432) 530-0907

APPROVED BY: Harry W. Wink TITLE FIELD REPRESENTATIVE II/STAFF MANAGER DATE APR 13 2005

Conditions of Approval (if any):