

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.<br>30-025-02536 <b>02534</b>   |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>   |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Kaiser State  |
| 8. Well Number 5  |
| 9. OGRID Number   |
| 10. Pool name or Wildcat<br>Wilson Yates 7 Rivers Assoc.  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |
| Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>  |
| Pit type <u>steel</u> Depth to Groundwater _____ Distance from nearest fresh water well <u>NA</u> Distance from nearest surface water <u>NA</u> |
| 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, LP

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

4. Well Location  
Unit Letter J : 1980 feet from the South line and 1980 feet from the East line  
Section 13 Township 21S Range 34E NMPM Lea County

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

Pit or Below-grade Tank Application ☐ or Closure ☐  
Pit type steel Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well NA Distance from nearest surface water NA  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

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.

\*All plugs as per NMOCD Gary Wink, Buddy Hill, Johnny Robinson, Chris Williams

4/14/05 1. Spot 275 sx. cmt. @ 1629'. 4/15/05 2. Tag TOC @ 945'. 3. Spot 130 sx. cmt. w/ 2% CaCl @ 945', tag TOC @ 190'. 4. Sqz. 220 sx. cmt. under pkr. @ 8' thru perfs @ 185'. 4/18/05 RIH to 185' w/ no tag, pump 120 sx. cmt. w/ 2% CaCl 185' - surface, WOC & tag TOC @ 50', circ. 10 sx. cmt. 50' - surface. 5. 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 R. Massey TITLE Agent DATE 4/22/05

Type or print name Roger Massey E-mail address: \_\_\_\_\_ Telephone No. 432/530-0907  
For State Use Only

APPROVED BY: Gary W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER  
Conditions of Approval (if any): \_\_\_\_\_ DATE MAY 03 2005