

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 03431
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-1399
7. Lease Name or Unit Agreement Name Shell State
8. Well Number 14
9. OGRID Number
10. Pool name or Wildcat Yates Seven Rivers SWD

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type steel Depth to Groundwater _____ Distance from nearest fresh water well _____ 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 SWD
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 L : 1370 feet from the South line and 1124 feet from the West line
Section 7 Township 21-S Range 35-E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3692 GL

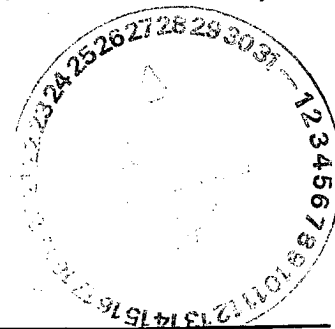
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

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.

5/31 1. Notify NMOCD of P&A. 6/9 2. Spot 300 sx. cmt. @ 1764', tag TOC @ 1253' on 6/10. 6/10 3. Perforate @ 188' as per Gary Wink. 4. Sqz. 200 sx. cmt. under pkr. @ 50' w/ communication up backside 7-1/2" csg., displace TOC to 77'. 6/13 5. Tag TOC @ 70'. 6. Dig cellar 12' deep, no surface casing. Mix and circulate 30 sx. cmt. 70'-surface as per OCD Buddy H. Cut 7" csg., install dry hole marker, remove cellars, back fill cellar.

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 6/16/05

Type or print name Roger Massey
For State Use Only

E-mail address:

Telephone No. 432-530-0907

APPROVED BY: Gary W. Wink TITLE OCD FIELD REPRESENTATIVE II/STAFF MANAGER DATE JUN 29 2005
Conditions of Approval (if any)