Submit 3 Copies to Appropriate District Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-103
Revised 1-1-89

WELL API NO. 30-025-02537

5. Indicate Type of Lease STATE [X] FEE [ ]

6. State Oil & Gas Lease No. B 6807

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.)

7. Lease Name or Unit Agreement Name: Kaiser State

1. Type of Well: OIL WELL [X] GAS WELL [ ] OTHER

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

8. Well No. 8

3. Address of Operator: 6 Desta Dr. Ste. 2700 Midland Tx. 79705

9. Pool name or Wildcat: Wilson Yates-Seven Rivers

4. Well Location
Unit Letter O : 990 Feet From The South Line and 2310 Feet From The East Line
Section 13 Township 21S Range 34E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3672 GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]	CHANGE PLANS [ ]	COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]		CASING TEST AND CEMENT JOB [ ]	
OTHER: [ ]		OTHER: Return to production [X]	

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.

Replaced 3½" tubing string with 107jts 2 7/8 EUE 8rd J-55, 1-2 7/8 x 4' Tbg sub 1-2½ x2¼ x 20' working barrel, 1- 2 ½ S/N, 1- 2 3/8 x 7" AD-1 Pkr. total to Btm 3387.81' Set Tbg slips NU well head, returned rods and plunger in hole.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Scott Casey TITLE Agent DATE 9-20-91

TYPE OR PRINT NAME Scott Casey TELEPHONE NO. (915) 687-1664

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE SEP 23 1991

CONDITIONS OF APPROVAL, IF ANY: