

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
Revised March 25, 1999

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

WELL API NO.
30-025-02538
5. Indicate Type of Lease
STATE ☒ 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 ☐ Gas Well ☒ Other SWD

2. Name of Operator
HAL J. RASMUSSEN OPERATING, INC.

7. Well No. 9

3. Address of Operator
550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701

8. Pool name or Wildcat
WILSON YATES 7 RVRS ASSOC.

4. Well Location

Unit Letter F : 1980 feet from the NORTH line and 1980 feet from the WEST line

Section 13 Township 21S Range 34E NMPM LEA County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
3661 DF

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☒ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompilation.

Propose to TA well as follows:

1. Set CIBP @ 3550'
2. TEST CASING TO 500 PSI

THE COMPLETION MUST BE NOTIFIED 24 HOURS PRIOR TO THE BEGINNING OF PLUGGING OPERATIONS FOR THE CASE TO BE APPROVED.

ACCEPTED
FILED
10/31/01

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

SIGNATURE Michael P. Jobe TITLE Agent DATE 10/31/01

Type or print name Michael P. Jobe

Telephone No. 915-687-1664

(This space for State use)

APPROVED BY Michael P. Jobe TITLE Agent
Conditions of approval, if any:

RECEIVED
OCT 31 2001
NATURAL RESOURCES
10/31/01