

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-~~32741~~ 02547
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.)

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, SUITE 200, MIDLAND, TEXAS 79701

4. Well Location
Unit Letter J : 2310 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 DR, RKB, RT, GR, etc.)
3649 GR

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 recompletion.

THE COMMISSION MUST BE NOTIFIED 24
HOURS PRIOR TO THE BEGINNING OF
PLUGGING OPERATIONS FOR THE CIBP
TO BE APPROVED.

Propose to TA as follows:

1. SET CIBP @ 3400'
2. TEST CSING TO 500 PSI

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 _____ TITLE _____ DATE _____
Conditions of approval, if any: _____

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