Submit 3 Copies To Appropriate District Office	State of New Mexico Energy, Minerals and Natural Resources			Form C-103 Revised March 25, 1999
District I 1625 N. French Dr., Hobbs, NM 88240	ench Dr., Hobbs, NM 88240			WELL API NO. 30-025-02552
District II 1301 W. Grand Ave., Artesia, NM 88210	1220 South St. Francis Dr.			5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410				STATE STATE FEE  6. State Oil & Gas Lease No.
District IV 1220 S. St. Francis Dr., Santa Fe, NM	1220 S. St. Francis Dr., Santa Fe, NM			V-588-1
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				7. Lease Name or Unit Agreement Name  VALERO STATE
PROPOSALS.)  1. Type of Well:				
Oil Well Gas Well Other  2. Name of Operator				7. Well No. 1
HAL J. RASMUSSEN OPERATING, INC.				
3. Address of Operator 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701				8. Pool name or Wildcat WILSON SEVEN RIVERS, WEST
4. Well Location	EAAS, SUITE 200, WIII	DEAND, I	EARS 17101	WIESON SEVEN IN VERS, WEST
Unit Letter N :	660 feet from the	SOUTH	line and	
				NMPM LEA County
Section 16	Township 2	whether Di	nge 34E R, RKB, RT, GR, et	
11 (1)	3735 DF	1° . NT	CNI	D Other D
11. Check A NOTICE OF IN		idicate N	ature of Notice,	Report or Other Data  SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	۷ 🔯	REMEDIAL WOR	
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	RILLING OPNS. PLUG AND
PULL OR ALTER CASING	MULTIPLE COMPLETION		CASING TEST A CEMENT JOB	ABANDONMENT  AND
OTHER:			OTHER:	
12. Describe proposed or complete starting any proposed work). S recompilation.	d operations. (Clearly st EE RULE 1103. For Mu	ate all pert altiple Com	inent details, and g	give pertinent dates, including estimated date of wellbore diagram of proposed completion or
Propose to P&A as fol	lows:			
1 CIDD act @ 3675'	tag + dump bail 35'	cement n	dua (Rottom)	
2. 25 sx cement plug				op Salt @1800')
3 30 sx 190'-290' P	erf @ 290'& Sqz T	ag (Surf		
4. 10 sx surface plug	w/ regulation marke	er		
I hereby certify that the information		ete to the b	est of my knowled	lge and belief.
SIGNATURE M/LC	lind Pf4	_TITLE	_Agent	DATE_10/01/01
-				
Type or print name Michael P. Jo	be			Telephone No. 915-687-1664
(This space for State use)			OF 5 In	to the contract of
APPPROVED BY		_TITLE		DATE NOV 1
Conditions of approval, if any:			: <b>(</b> ( )   ( )   ( )	· · · · · · · · · · · · · · · · · · ·
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