Submit 3 Cop es To Appropriate District Office	State of New Wickley			Form C-103 Revised March 25, 1999	
District I 1625 N. French Dr., Hobbs, NM 38240 District II				WELL API NO. 30-025-03430	
1301 W. Grand Ave., Artesia, NM 88210 District III OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			5. Indicate Type	of Lease	
1000 Rio Braz os Rd. Aztec, NM 87410 District IV Santa Fe, NM 87505			6. State Oil &	Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				E-9446	
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:				7. Lease Name or Unit Agreement Name: STATE "B"	
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					
Unit LetterB:	660feet from the	NORTH_	line and	feet fr	om the _EASTline
Section 21 Township 21S Range 34E NMPM LEA County					
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3740 DF					
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ REMEDIAL WORK ☐ ALTERING CASING ☐					
TEMPORARILY ABANDON	CHANGE PLANS		COMMENCE DR	ILLING OPNS.	PLUG AND
PULL OR ALTER CASING	LTER CASING MULTIPLE CASING TEST CEMENT JOB			ND 🗆	ABANDONMENT
OTHER.			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 recomp lation.					
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Top of Cement by Temp. Survey @ 1700'			.		\$
Propose to P&A as follows:				er i jarok	
CIBP set @ 3600' tag + dump bail 35' cement (Bottom) - TAC 2					
I hereby cer ify that the information above is true and complete to the best of my knowledge and belief. SIGNATUFE DATE_10/01/01					
Type or prirt name Michael P. Job	e			Telephone	No. 915-687-1664
(This space for State use)					
APPPROVED BY Conditions of approval, if any:		TITLE			_DATE

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