

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

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.)		WELL API NO. 30-025-03431
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator HAL J. RASMUSSEN OPERATING, INC.		6. State Oil & Gas Lease No. B-1399
3. Address of Operator 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701		7. Lease Name or Unit Agreement Name: SHELL STATE
4. Well Location Unit Letter <u>L</u> <u>1370</u> feet from the <u>SOUTH</u> line and <u>1124</u> feet from the <u>WEST</u> line Section <u>7</u> Township <u>21S</u> Range <u>35E</u> NMPM LEA County		8. Pool name or Wildcat WILSON YATES 7 RVRS ASSOC. SWD
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3692 GL		

11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

Subject well has no Surface Casing

Propose to TA well as follows:

1. Set CIBP @ 3600'
2. TEST CASING TO 500 PSI

APPROVED BY THE COMMISSION OF
ENERGY, MINERALS AND NATURAL RESOURCES
FOR THE C-103
FORM APPROVED.

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 10/31/01
Conditions of approval, if any: