

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.  
30-025-03433

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.  
B-1439

7. Lease Name or Unit Agreement Name:

WILSON A STATE

7. Well No. 2

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

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 SWD

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 B : 660 feet from the NORTH line and 1980 feet from the EAST line

Section 7

Township 21S Range 35E

NMPM LEA

County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3693 GL

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 <sup>T</sup>~~P&A~~ as follows:

1. Set CIBP @ 3570'
2. TEST CASING 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: