

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

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

7. Lease Name or Unit Agreement Name:  
 KAISER STATE

2. Name of Operator  
 HAL J. RASMUSSEN OPERATING, INC.

7. Well No. 44

3. Address of Operator  
 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701

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

4. Well Location  
 Unit Letter F : 2310 feet from the NORTH line and 2310 feet from the WEST 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <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 recompilation.

Propose to TA as follows:

1. SET CIBP @ 3650'
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  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 2001

Conditions of approval, if any:

OFFICIAL SIGNATURE BY  
 GARY V. WILSON  
 NATURAL SCIENCE MANAGER - 2  
 DATE 10 2001