Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-101 Revised 1-1-89

DISTRICT I

OIL CONSERVATION DIVISION

API NO. (assigned by	OCD on New W	eils)
30-025-0923	3	
5. Indicate Type of L		
	CTATE X	ECC

P.O. Box 1980, Hobbs, NM 88240	P.O. Box 20		20 005 00000	LD on New Wells)
DISTRICT II	Santa Fe, New Mexico	87504-2088	30-025-09233 5. Indicate Type of Lease	
P.O. Drawer DD, Artesia, NM 88210			S. marche Type of Leas	TATE X FEE
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			6. State Oil & Gas Lease	
				_
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK 12. Type of Work:				
		-	7. Lease Name or Unit A	igreement Name
DRILL RE-EI b. Type of Well:	TTER DEEPEN	PLUG BACK X		
OIL GAS WELL X OTHER	SINGLE ZONE	MULTIPLE ZONE	State A A/C 1	
2. Name of Operator			8. Well No.	
Hal J. Rasmussen Operating	Inc.		48	
3. Address of Operator Six Desta Drive, Suite 2700, Midland, Texas 79705		9. Pool name or Wildcat		
	, Midland, Texas 7	9705	Jalmat-Tnsl-Y	ts-7R
4. Well Location Unit Letter N : 1980 F	ect From The West	line and 660	F . F . m	
	WEST WEST	Line and 660	Feet From The	South Line
Section 3	ownship 23 S	ange 36 E	NMPM Lea	
			//////////////////////////////////////	County
	10. Proposed Depth		Formation	12. Rotary or C.T.
		3650	Yates	
3. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor		Date Work will start
7.	Current State Wi		10/05	/90
OUTS OF HOLE	PROPOSED CASING A		RAM	
SIZE OF HOLE SIZE OF CASIN	G WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
CEE ODIO	TNAT COMPLETION			
SEE ORIG	INAL COMPLETION			
		<u> </u>	<u> </u>	<u> </u>
Proposed Operation:				
l) Set CIBP at 3650 ab				
	ove existing perfor	rations.		
Perforate Yates 3100 Acidize.	_ to 3300.			
Frac.				
o) POP.			•	
And the				
IN ABOVE SPACE DESCRIBE PROPOSED PR	OGRAM: IF PROPOSAL IS TO DEEPE!	N OR PLUG BACK, GIVE DATA ON	PRESENT PRODUCTIVE ZONE AN	T) PROPOSED NEW PRODUKTIVE
GIVE GIVE LOOK OF THE VENT LEATHER THORKAM, IF ANT.				THE COLD HEN FRODUCTIVE
I hereby certify that the information above is true and con	iplete to the best of my knowledge and	belief.		
SKONATURE		Engineer_	DAT	E 10-04-90
TYPE OR PRINT NAME Ing. Ch.	• •		DAI	
TYPE OR PRINT NAME Jay Che	rski		TELL	EPHONE NO. 915-687-16
This space for State Use)				

.. TITLE .

ORIGINAL SIGNED BY JERRY SEXTON

OGT 09 1990

CONDITIONS OF APPROVAL, IF ANY: