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	-10	1
Revise	ed	1-1	1-8

DISTRICT I P.O. Box 1980, Hobbs, NM	88240	P.O. Box 2088)N	API NO. (assigned by OCD on New Wells)			
DISTRICT II P.O. Drawer DD, Artesia, N		Santa Fe, New Mexico	87504-2088		5. Indicate	Type of Lease	TATE X	FEE
DISTRICT III 1000 Rio Brazos Rd., Aztec	, NM 87410				6. State Oil	& Gas Lease		
APPLICAT	ION FOR PERMIT	TO DRILL, DEEPEN, O	OR PLUG BACK	<				
12. Type of Work:		· · · · · · · · · · · · · · · · · · ·			7. Lease Na	me or Unit A	greement Name	
DRILL b. Type c: Well: OL GAS	,	DEEPEN SINGLE	PLUG BACK MULTIPLE	-				
METT X	OTHER	ZONE	X ZONE		Stat	e "A" a	1/c 1	
2. Name of Operator					8. Well No.			
Hal J Ras	smussen OPerati	ing Inc.					45	1
. Address of Operator					9. Pool name or Wildcat			
Six Desta	Drive Suite 58	350 Midland Texas	79705		Jalmat	TNSL-Y	TS-7R	
4. Well Location	: <u>1980</u> F∞α F		Line and 6	660		From The	East	Line
Section 4	T	ship 23 s Ran	26 -			_		
	7/////////////////////////////////////	thip ^{2,3} S Rat	nge 36 e	N. /////	MPM	Lea	minin	County
<i>7777777777</i>		10. Proposed Depth		11. Fo	rmation		12. Rotary or	
		'////	670		Sevin Ri		12 Kony a	~···
13. Elevations (Show whether	DF, RT, GR, etc.)	4. Kind & Status Plug. Bood	15. Drilling Con				Date Work will	
3467 GL Current State Wide			11/27/89					
7.		OPOSED CASING AN		ROGRA	AM ·		09	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEP	TH	SACKS OF	CEMENT	EST.	TOP
	9 5/8	32	325		30	0		
	7	20	3799		250			
<u>.</u>	·····							
Current Si	tatus- Langlie	Mattida 7D ON CD						
Proposed (l. Set Bri	Operations idge Plug above ate Tansill Yat	LM perfs at 3670 es Seven Rivers) 3045–3586					

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY. I hereby certify that the information above is true and complete to the best of my knowledge and belief. 11/20/89 SIONATURE Agent TYPE OR PRINT NAME Jay Cherski TELEPHONE NO. 915-687-1664 (This space for State STRIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

APPROVED BY_

NOV 2 2 1989

CONDITIONS OF APPROVAL, IF ANY: