

Submit 3 Copies  
to Appropriate  
District Office

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-103  
Revised 1-1-89

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION  
P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

State A A/C 1

8. Well No.

93

9. Pool name or Wildcat

Jalmat Yns1-Yts-7R

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

2. Name of Operator

Hal J. Rasmussen Operating, Inc.

3. Address of Operator

Six Desta Drive, Suite 2700, Midland, Texas 79705

4. Well Location

Unit Letter B : 660 Feet From The North Line and 1980 Feet From The East Line

Section 9 Township 23 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3484 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 ☐

OTHER: Extend Permit

☒

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.

Hal J. Rasmussen Operating, Inc. Respectfully requests an extension on the Recompletion permit dated 11/20/89, Form #C-101.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nona Hopkins TITLE Engineering Secretary DATE 7/23/90

TYPE OR PRINT NAME Nona Hopkins TELEPHONE NO. 915-687-1664

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Extended to 11-21-90