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 [XX]   FEE [ ]

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

State A A/C 3 *Com A*

1. Type of Well:
OIL WELL [ ]   GAS WELL [XX]   OTHER

2. Name of Operator
Hal J. Rasmussen Operating, Inc.

8. Well No.
2

3. Address of Operator
6 Desta Drive, Suite 5850, Midland, Texas 79705

9. Pool name or Wildcat
Jalmat TNSL - YTS - 7R (Pro Gas)

4. Well Location

Unit Letter __I__ : __990__ Feet From The __East__ Line and __1650__ Feet From The __South__ Line

Section __10__   Township __23 S__   Range __36 E__   NMPM   __Lea__   County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3442 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:_____ [ ]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [X]   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.

Date started 4/09/89   Date completed 4/09/89

Acidize w/ 1500 gal 15% NEFe;

Before: 0 BO, 0 BW, 70 MCFPD

After: 0 BO, 49 BW, 450 MCFPD

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

SIGNATURE _____ TITLE __Agent__ DATE 10/24/89

TYPE OR PRINT NAME Jay D. Cherski   TELEPHONE NO. 915-687-1664

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

OCT 30 1989

APPROVED BY_____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: