

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

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

API NO. (assigned by OCD on New Wells)
30-025-09303
5. Indicate Type of Lease
STATE ☒ FEE ☐
6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:		7. Lease Name or Unit Agreement Name			
DRILL ☐ RE-ENTER ☐ DEEPEN ☐ PLUG BACK ☒		State A A/C 3			
b. Type of Well:		8. Well No.			
OIL WELL ☐ GAS WELL ☒ OTHER ☐		5			
SINGLE ZONE ☒ MULTIPLE ZONE ☐		9. Pool name or Wildcat			
2. Name of Operator		Jalmat Tns1-Yts-7R			
Hal J. Rasmussen Operating, Inc.					
3. Address of Operator					
Six Desta Drive, Suite 2700, Midland, Texas 79705					
4. Well Location					
Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>East</u> Line					
Section <u>10</u> Township <u>23 S</u> Range <u>36 E</u> NMPM <u>Lea</u> County					
10. Proposed Depth		11. Formation			
PBTD 3490		Seven Rivers			
12. Rotary or C.T.					
13. Elevations (Show whether DF, RT, GR, etc.)		14. Kind & Status Plug. Bond			
3472 KB		Current State Wide			
15. Drilling Contractor		16. Approx. Date Work will start			
		9/03/90			
17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<i>see original completion</i>					

Current Status - Langlie Mattix

- 1) Set CIBP Above existing perfs @ 3490
- 2) Perf Yates 3124-3178
- 3) Acidize
- 4) Frac
- 5) POP

OK

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.

SIGNATURE Nona Hopkins TITLE Secretary DATE 8/29/90

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

(This space for State Use)

APPROVED BY Geologist TITLE Geologist DATE

CONDITIONS OF APPROVAL, IF ANY:

Approved for recompletion work only--well cannot be produced from Jalmat until NSL is approved.

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.
workover

mit to Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

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

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

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

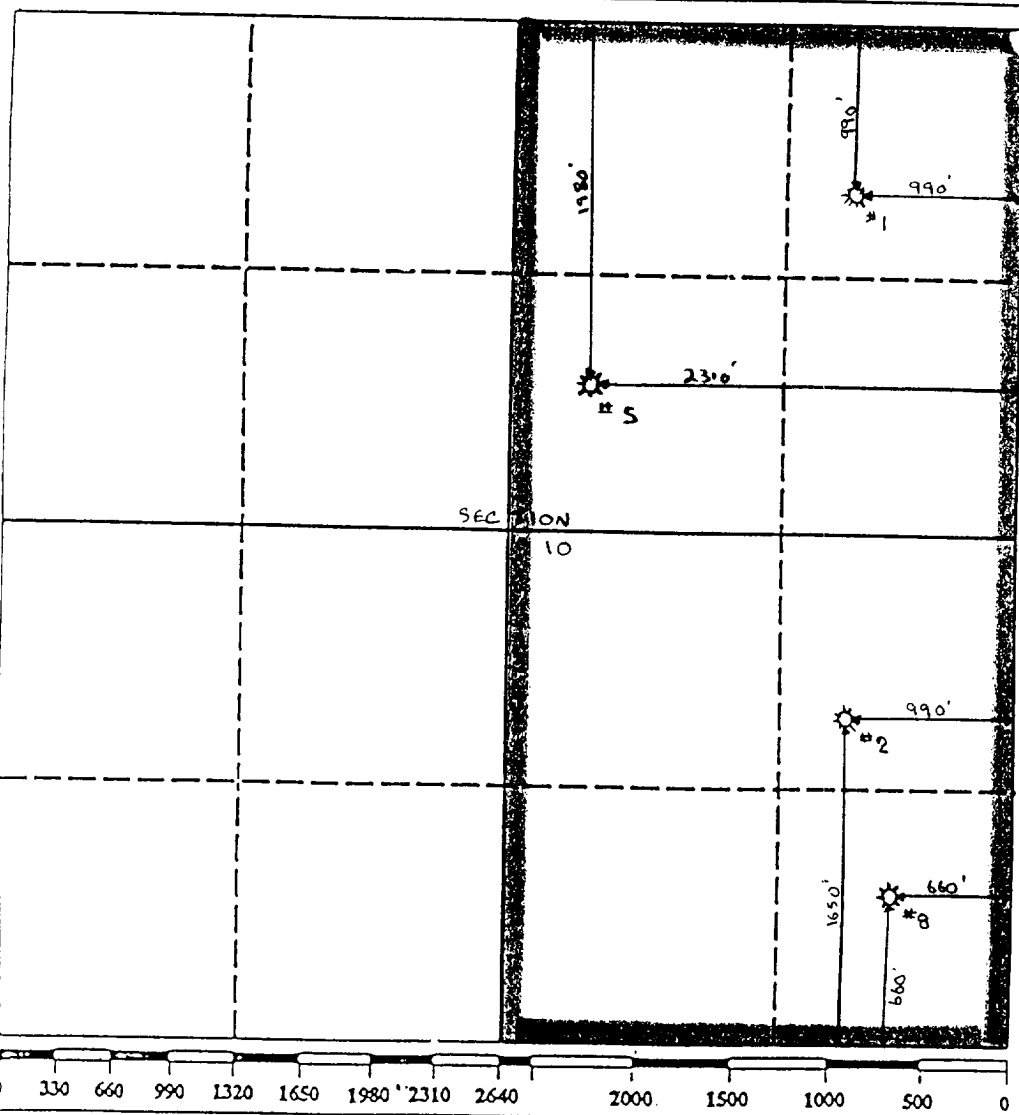
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Hal J. Rasmussen Operating, Inc.			Lease State A A/C 3		Well No. 5
Unit Letter G	Section 10	Township 23 S	Range 36E	County Lea	
Actual Footage Location of Well: 1980 feet from the NORTH line and 2310 feet from the EAST line					
Ground level Elev. 3462	Producing Formation TANSHILL-YATES		Pool Jalmat-TNSL-YTS-7R	Dedicated Acreage: 320 Acres	

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary). _____
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature
Jay D. Cherski
Printed Name
Jay D. Cherski
Position
Agent
Company
Hal J. Rasmussen Operating, Inc.
Date
8/25/90

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
Signature & Seal of Professional Surveyor
Certificate No.