Submit 3 Copies State of New Mexico to Appropriate District Office Form C-103 Energy, Minerals and Natural Resources Department Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 DISTRICTI Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III STATE FEE 1000 Rio Brazos Rd., Aziec, NM 87410 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 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) Type of Well: State A A/C 1 مع 🗵 WELL OF 2. Name of Operator 8. Well Na. Hal J. Rasmussen Operating, Inc. 13 3. Address of Operator 9. Pool name or Wildcat 6 Desta Drive, Suite 5850, Midland, Texas 79705 Jalmat TNSL-YT-7R (Pro Gas) Well Location Unit Letter H: 1980 For From The North 660 Line 36 E 23 S Lea Township Range NMPM County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS PLUG AND ABANDONMENT PULL OR ALTER CASING CASING TEST AND CEMENT JOB OTHER: 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. Blow well down; pump 50 bb1 2% KCL wtr down casing & tbg; POOH w/ 2 3/8" tbg; RIH w/ tbg & bailer & clean out hole; POH w/ bailer' TIH w/ tbg & 3448; acidize w/ 3000 gal. 15% NEFe acid; put on pump. Date started - 4/17-89, Date completed 4/21/89

Before: 19 MCF, 0 BO, 0 BW

| (This space for State SPIGINAL SIGNED BY JERRY SEXTON APPROVED BY | OCT 3 0 1989 |
|--|---------------------------------|
| TYPEOR PRINT NAME Jay D. Cherski | ТЕГЕРНОМЕ NO. 915-687-16 |
| SKONATURE Agent | DATE 10/24/89 |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief. | |
| I hereby certify that the information show is true and applicate the house | |
| Arter: F .25 BO, .16 BW, 100 MCF/24 hours. | |