

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

OIL CONSERVATION DIVISION
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

WELL API NO.

5. Indicate Type of Lease

STATE ☒

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 1

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Hal J. Rasmussen Operating, Inc.

8. Well No. 28

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 F : 1650 Feet From The North Line and 1650 Feet From The West Line

Section 14 Township 23 S Range 36 E NMPM Lea County

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

3400 D.F.

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

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.

Date Started 6/8/89

Date Completed 6/09/89

POOH w/ tbg; PU Bailer, RIH, clean out hole; acidize w/ 3000 gal 15% NEFe; RIH w/ tbg. and put on pump

Before: TA'd

After: 0 BO, 0 BW, 130 MCFPD

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

SIGNATURE Jay D Cherski 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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1989