

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

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

API NO. (assigned by OCD on New Wells)

30-025-10723

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:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☐

MULTIPLE
ZONE ☒

7. Lease Name or Unit Agreement Name

State A A/C 1

2. Name of Operator

Hal J. Rasmussen Operating, Inc.

8. Well No.

82

3. Address of Operator

Six Desta Drive, Suite 5850, Midland, Texas 79705

9. Pool name or Wildcat

Jalmat TNSL-YTS-7R

4. Well Location

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

Section 15 Township 23 S Range 36 E NMPM Lea County

10. Proposed Depth

3550 PBDT

11. Formation

Yates - 7R

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3399 G.L.

14. Kind & Status Plug. Bond

Current State Wide

15. Drilling Contractor

16. Approx. Date Work will start

11/15/89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12	9 5/8	32	329	300 + 4% gel	Surface
8 3/4	7	20	3602	250 + 4% gel	

Well is currently TA'd Langlie Mattix

Proposed operations

- 1) Set CIBP 3550 (above Langlie Perfs).
- 2) Perforate Yates - 7R 3018-3494.
- 3) Acidize.
- 4) Frac.
- 5) Put on pump.

3470

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 Jay Cherski TITLE Agent DATE 11/10/89

TYPE OR PRINT NAME Jay Cherski

TELEPHONE NO. 915-687-1664

(This space for State Use)

Orig. Signed by
Paul Kautz
Geologist

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

NOV 21 1989

RECEIVED

NOV 21 1989

CCC
HOBBS OFFICE

RECEIVED

NOV 18 1989

CCC
HOBBS OFFICE

Submit 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
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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 1		Well No. 82
Unit Letter B	Section 15	Township 23 S	Range 36 E	County Lea	
Actual Footage Location of Well: 660 feet from the NORTH line and 1980 feet from the EAST line					
Ground level Elev. 3399	Producing Formation YATES-7R		Pool Jalmat-TNSL-YTS-7R	Dedicated Acreage: 240 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

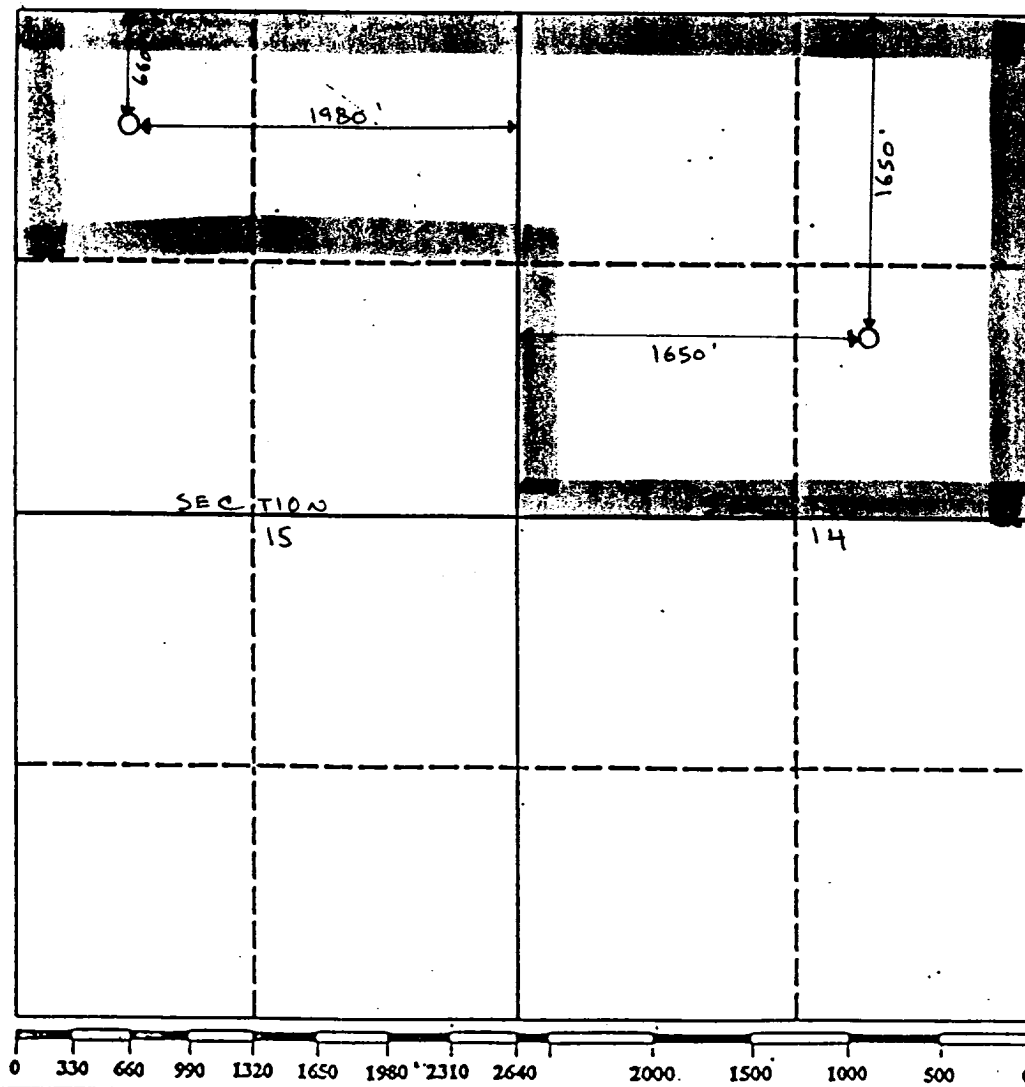
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. 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

Printed Name

Jay D. Cherski

Position

Agent

Company

Hal J. Rasmussen Operating, Inc.

Date

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.