Submit to Appropriate
District Office
State Lease – 6 copies
Fee Lease – 5 copies

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-101
Revised 1-1-89

API NO. (assigned by OCD on New Wells) 30-025-10724

5. Indicate Type of Lease STATE [XX] 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 [X]

b. Type of Well:
OIL WELL [ ] GAS WELL [X] 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.: 80

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 G : 1980 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	11. Formation	12. Rotary or C.T.
PBTD 3500	7R	

13. Elevations (Show whether DF, RT, GR, etc.)	14. Kind & Status Plug. Bond	15. Drilling Contractor	16. Approx. Date Work will start
3390 G.L.	Current State Wide		12-08-89

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
	9 5/8	32	336	300	
	7	20	3572	250	

Current Status - TA'd Langlie Mattix

Proposed Operations:

1) Set CIBP @ 3500 (above L.M. Perfs).
2) Perforate Tansill-Yates 2875-3350
3) Acidize.
4) Frac.
5) Put on pump.

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 _____ TITLE Agent DATE 12-07-89

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

(This space for State Use)

APPROVED BY ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR TITLE _____ DATE DEC 22 1989

CONDITIONS OF APPROVAL, IF ANY:

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

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Santa Fe, New Mexico 87504-2088

Form C-102
Revised 1-1-89

WELL LOCATION AND ACREAGE DEDICATION PLAT
All Distances must be from the outer boundaries of the section

Operator	Lease	Well No.
Hal J. Rasmussen Operating, Inc.	State A A/C 1	80

Unit Letter	Section	Township	Range	County
G	15	23 S	36 E NMPM	Lea

Actual Footage Location of Well:
990 feet from the NORTH line and 1980 feet from the EAST line

Ground level Elev.	Producing Formation	Pool	Dedicated Acreage:
3290	TNSL-YTS	Jalmat-TNSL-YTS-7R	240 Acres

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

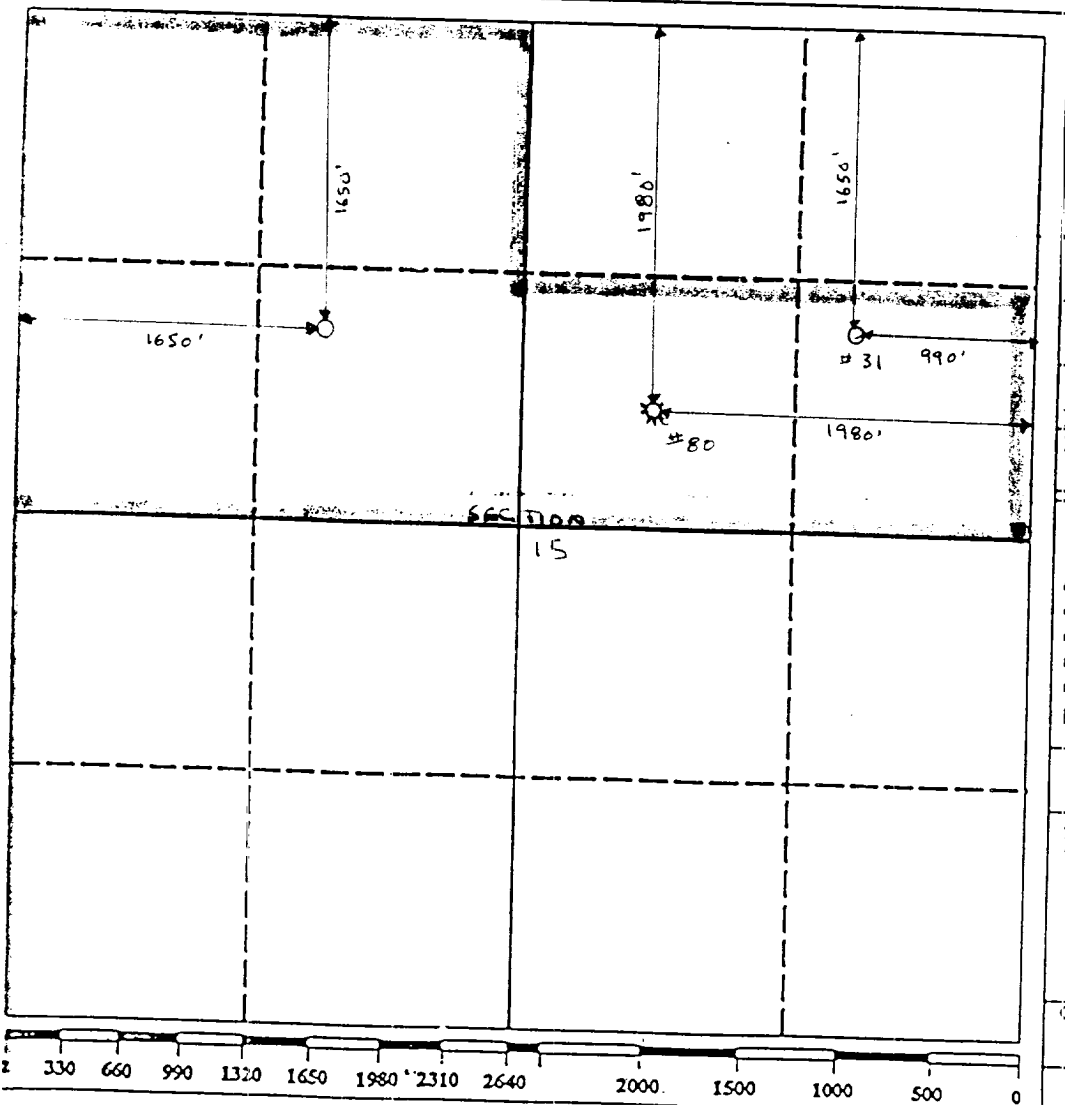
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

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 in true and complete to the best of my knowledge and belief.

Signature: Jay Cherski

Printed Name: Jay D. Cherski

Position: Agent

Company: Hal J. Rasmussen Operating, Inc.

Date: 12/7/89

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 supervison, 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.