

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

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

WELL API NO. 30-025-10729
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W. T. Matkins W.N.
8. Well No. 5
9. Pool name or Wildcat Jalmat-Tnsl-Yts-7R

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Hal J. Rasmussen Operating, Inc.	
3. Address of Operator Six Desta Drive, Suite 2700, Midland, Texas 79705	
4. Well Location Unit Letter 0 : 715 Feet From The South Line and 1923 Feet From The East Line Section 15 Township 23 S Range 36 E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3392 KB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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.

Work Commenced 10/04/90 - Work completed 10/10/90

Set RBP and Attempt to test csg. csg had leaks; search for csg leak w/ packer;
found csg leak 3050-3250; * Note: Yates was perforated yet never reported in well files or to
State; pull RBP; put well on pump.

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

SIGNATURE Jay Cherski TITLE Engineer DATE 11-07-90

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

(This space for State Use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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WELL API NO.	30-025-10729
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	W. T. Matkins WN
8. Well No.	5
9. Pool name or Wildcat	Jalmat-Tnsl-Yts-7R

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.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	
2. Name of Operator Hal J. Rasmussen Operating, Inc.	
3. Address of Operator Six Desta Drive, Suite 2700, Midland, Texas 79705	
4. Well Location Unit Letter <u>0</u> : <u>715</u> Feet From The <u>South</u> Line and <u>1923</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23 S</u> Range <u>36 E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3392 KB	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: Extend Permit ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OF NS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

Hal J. Rasmussen Operating, Inc. respectfully requests an extension on the recompletion permit dated 11/06/89, Form C-103.

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

SIGNATURE Nona Hopkins

TITLE Engineering Secretary

DATE 7/23/90

TYPE OR PRINT NAME Nona Hopkins

TELEPHONE NO. 915-687-1664

(This space for State Use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

extended to 11-7-90

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

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

WELL API NO. <u>30 025-10729</u>
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W. T. Matkins
8. Well No. <u>5</u>
9. Pool name or Wildcat Jalmat TNSL-YTS-7R

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.)

1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER
2. Name of Operator Hal J. Rasmussen Operating, Inc.
3. Address of Operator Six Desta Drive, Suite 5850- Midland, Texas 79705
4. Well Location Unit Letter <u>0</u> : <u>715</u> Feet From The <u>South</u> Line and <u>1923</u> Feet From The <u>East</u> Line Section <u>15</u> Township <u>23 S</u> Range <u>36 E</u> NMPM Lea County
10. Elevation (Show whether DF, RKB, RT, GR, etc.) KB 3392

11.

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NOTICE OF INTENTION TO:

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TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

- 1) Perforate Yates 3050-3250
- 2) Acidize
- 3) Put On Pump.

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 11-06-89

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:

NOV 7 1989