

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.
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name State "A" A/C 1
8. Well No. 31
9. Pool name or Wildcat Jalmat TNSL-YTS-7R (Pro Gas)

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 6 Desta Drive, Suite 5850, Midland, Texas 79705	
4. Well Location Unit Letter H : 1650 Feet From The North Line and 990 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.) 3463 GR	

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.

Date Started 4/31/89 Date completed 5/03/89

POOH w/ tbg; Rih w/ Bailer, Clean out hole; acidize w/ 3000 gal 15% NEFe, TIH w/ rods and pump.

Before: TA'd

After: 0 BO, 0 BW, 252 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

APPROVED BY DISTRICT I SUPERVISOR TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1989