Submit 3 Copies To Appropriate District	State of New Me	xico		Form C-103
Office District I	Energy, Minerals and Natural Resources		_	Revised March 25, 1999
1625 N. French Dr., Hobbs, NM 88240	G.		WELL API NO. 30-025-10748	
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type	of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			▼ FEE □
District IV	Santa Fe, NM 87505			Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505			В-	
SUNDRY NOTICES AND REPORTS ON WELLS		IC DACK TO A	7. Lease Name of	or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		R SUCH	STATE JCT	
PROPOSALS) 1. Type of Well:			Jim Bic.	
Oil Well Gas Well Other SWD				
2. Name of Operator		Well No. 1		
HAL J. RASMUSSEN OPERATING, INC.		7 Pool name o	r Wildoot	
3. Address of Operator 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701		7. Pool name or Wildcat SWD: 7 RVRS, QUEEN		
4. Well Location	<u> </u>		,,	
	o c . c . d NODELL	L	Cont Cooper the	EACT II
Unit LetterB_:_66	0feet from theNORTH	_ line and1980	ieet from the	e_EASIine
Section 16	Township 23S Rai	nge 36E	NMPM LEA	County
	10. Elevation (Show whether Di	R, RKB, RT, GR, etc	:.)	
11 Charle A	3450 DF	atura of Nation	Panast or Othor	- Data
NOTICE OF IN	ppropriate Box to Indicate N	ature of Notice,	SEQUENT RE	PORT OF
	PLUG AND ABANDON	REMEDIAL WOR		ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRILLING OPNS. ☐ PLUG AND ☐		
TEMPORARIET ABANDON (ABANDONMENT		
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AND CEMENT JOB	ND 🗆	
OTHER:		OTHER:		
12. Describe proposed or completed	operations. (Clearly state all perti	nent details, and gi	ve pertinent dates,	including estimated date of
	E RULE 1103. For Multiple Com			proposed completion or
recompilation.		AISSION MUST B		
PUBLISHED OF THE CONTROL OF THE CONT				
	70 F 28	RCWED.		
Propose to TA as follow	vs:			
t apm app ○ asaa	,			
1. SET CIBP @ 3500 2. TEST CASING TO				
2. TEST CASING TO	500 PSI			
I hereby certify that the information :	above is true and complete to the b	est of my knowledg	e and belief.	
SIGNATURE	ffly TITLE	Agent		DATE_10/31/01
Tuna or print name Michael D. Jah	, /		Telenhone	No. 915-687-1664
Type or print name Michael P. Jobe (This space for State use)	<u> </u>	15 TO 15	4 etepnone	110. 715-007-1004
(This space for state use)		ud i		
APPPROVED BY	TITLE	NATURAL TO		DATE! 1 1 2001
Conditions of approval, if any:		• •		