Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103	
District I	Energy, Minerals and Natural Resources		Revised March 25, 1999 WELL API NO.	
1625 N. French Dr., Hobbs, NM 88240 District II	OIL CONSERVATION DIVISION		30-025-24073	
1301 W. Grand Ave., Artesia, NM 88210 District III	1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		STATE S FEE 6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM			B-229	
SUNDRY NOTICES AND REPORTS ON WELLS			7. Lease Name or Unit Agreement Name:	
(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			GULF COOKIE STATE	
PROPOSALS.)			GULF COOK	IE STATE
Type of Well: Oil Well				
2. Name of Operator			7. Well No. 2	
HAL J. RASMUSSEN OPERATING, INC.			8. Pool name or Wildcat	
3. Address of Operator 550 W. TEXAS, SUITE 200, MIDLAND, TEXAS 79701			JALMAT TANSIL, YATES, 7 RVRS.	
4. Well Location				
Unit Letter H : 2310 feet from the NORTH line and 990 feet from the EAST line				
Out Letter 1 2310_ let from theNORTH line and let from theExts1 line				
Section 21	Township 23S Rar		NMPM LEA	County
10. Elevation (Show whether DR, RKB, RT, GR, etc.) 3450 DF				
11. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WOR	К 📙	ALTERING CASING
TEMPORARILY ABANDON	CHANGE PLANS	COMMENCE DRI		PLUG AND ABANDONMENT
PULL OR ALTER CASING	MULTIPLE COMPLETION	CASING TEST AN	ND	
OTHER:	П	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. For Multiple Completions: Attach wellbore diagram of proposed completion or				
recompilation.				
	and the second			
Dramage to TA og feller	wo.			
Propose to TA as follow	ws.			
1. SET CIBP @ 3300'				
2. TEST CSING TO 500 PSI				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
I hereby certify that the information	above is true and complete to the be	est of my knowledg	ge and belief.	
SIGNATURE ///	Jehr TITLE	_Agent		DATE_10/31/01
Type or print name Michael P. Jobe		Telephone No. 915-687-1664		
(This space for State use)				BACTORING TO
APPPROVED BY	TITLE			DATE
Conditions of approval, if any:			δ .	