

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

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

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

WELL API NO.

5. Indicate Type of Lease
STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name

State "A" A/C 1

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

2. Name of Operator

Hal J. Rasmussen Operating, Inc.

8. Well No.

25

3. Address of Operator

6 Desta Drive, Suite 5850, Midland, Texas 79705

9. Pool name or Wildcat

Jalmat TNSL-YTS-7R(Pro Gas)

4. Well Location

Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line

Section 24 Township 23 S Range 36 E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3344 G.L.

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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: Temporarily abandoned ☐

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 - 6/16/89 Date completed - 6/24/89

Attempt to retrieve fish with overshot; POOH, pick up spear, TIH, spear fish, no recovery; POOH, pick up wash pipe; TIH, wash over fish; POOH, recover 68', fish @ 2893, TIH wash over 47', POOH; fish @ 2940; TIH w/ notlited collar, rev circl; POOH, LD 2 7/8" tbg; T.A. well.

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
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1989

74-441-11-1-90