

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. 32
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	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3345 DF
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 J : 1650 Feet From The South Line and 1650 Feet From The East Line Section 24 Township 23S Range 36 E NMPM Lea County	

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: ☐

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 2/12/89 Date completed 2/18/89

POOH w/ tbg; TIH w/ bailer & clean out hole, acidize w/ 1500 gal NEFe. TIH w/ rods & pump; put on pump

Before: TA'd

After: O BO, O BW, 67 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
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1989

RECEIVED

OCT 26 1989

OCD
HOBBS OFFICE