

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. <u>30-025-09405</u>
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. 50
9. Pool name or Wildcat Jalmat Tns1-Yts-7R

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 Six Desta Drive, Suite 2700, Midland, Texas 79705	
4. Well Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>24</u> Township <u>23 S</u> Range <u>36 E</u> NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3342 GL	

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 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: <u>Extend Permit</u> <input checked="" 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.

Hal J. Rasmussen Operating, Inc. respectfully requests an extension on the recompletion permit dated 11/10/89, Form #C-101.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Nona Hopkins TITLE Engineering Secretary DATE 7/23/90  
TYPE OR PRINT NAME Nona Hopkins TELEPHONE NO. 915-687-1664

(This space for State Use)

APPROVED BY Hal J. Rasmussen TITLE Engineering Secretary DATE 7/23/90

CONDITIONS OF APPROVAL, IF ANY:

Extended to 11-16-90