

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

U.S. OIL CONS. COMMISSION  
P.O. BOX 1980  
HOBBS, NEW MEXICO 88240

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

5. Lease Designation and Serial No.  
*LL 030168 A*

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.  
*EAVES A-1*

9. API Well No.  
*30 025 12007*

10. Field and Pool, or Exploratory Area  
*YATES 7-RIVERS*

11. County or Parish, State  
*LEA, NM*

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator  
*HAL J. RASMUSSEN OPERATING, INC.*

3. Address and Telephone No.  
*310 W. WALL, SUITE 906, MIDLAND, TX 79701 915/687-1664*

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
*SEC 19 T 26 S - R 37 E  
330' FSL & 2310 FEL*

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

RECEIVED

NOV 1 3 19 PM '95

BUREAU OF LAND MGMT  
HOBBS, NM

WOULD APPLY TO EXTENSION TO  
RE-COMPLETED UNDER

ALREADY APPROVED PLANS  
(see Attached)  
90-DAY EXTENSION

COPY ENCLOSED

NOV 6 8 09 AM '95

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14. I hereby certify that the foregoing is true and correct

Signed *Shannon J. Shaw* Title *AGENT FOR: HAL J. RASMUSSEN OPERATING, INC.* Date *10 30 95*

(This space for Federal or State office use)

Orig. Signed by *Shannon J. Shaw* Title *PETROLEUM ENGINEER* Date *11/23/96*

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval, if any: \_\_\_\_\_