

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION
P.O. BOX 1980
DOORS NEW MEXICO 88240

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

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)

660' FSL # 1980' FWL UNIT N
Sec. 30 - T26S-R37E

5. Lease Designation and Serial No.

LC-030168B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

EVES B-#1 #11

9. API Well No.

30-025-21657

10. Field and Pool, or Exploratory Area

SCARBOROUGH YATES 7 RIVERS

11. County or Parish, State

LEA, NEW MEXICO

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other RETURN TO PRODUCTION

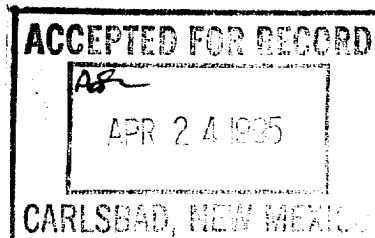
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(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.)*

Placed well back on production via conventional rod pump.
No other work performed on well.

On production: 3/22/95



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MAR 27 3 45 PM '95
BUREAU OF LAND MANAGEMENT

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

Signed THOMAS L. DUNN

Title PRODUCTION ENGINEER

Date 3/23/95

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

RECEIVED

APR 27 1964
CUBA HOUSES
OFFICE