

Submit 1 Copy To Appropriate District Office  
District I - (575) 393-6161  
1625 N. French Dr., Hobbs, NM 88240  
District II - (575) 748-1283  
811 S. First St., Artesia, NM 88210  
District III - (505) 334-6178  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV - (505) 476-3460  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
Revised August 1, 2011

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. <b>30-005-01112</b>
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator <b>REMANT OIL OPERATING. LLC</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>PO BOX 5375, Midland, TX 79704</b>		7. Lease Name or Unit Agreement Name <b>ZIMMERMAN</b>
4. Well Location Unit Letter m : 330 feet from the S line and 990 feet from the W line Section 21 Township 14S Range 31E NMPM County CHAVES		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <b>370922</b>
		10. Pool name or Wildcat CAPROCK; QUEEN

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input checked="" type="checkbox"/>	RETURN TO PRODUCTION

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

CHANGE PUMP

02/20/2018

MIRU:

*Subing depth?*

See Attached

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

SIGNATURE Carie Stoker TITLE Regulatory Affairs Coordinator DATE: 04/26/2018

Type or print name Carie Stoker E-mail address: carie@stokeroilfield.com PHONE: 432.664.7659

APPROVED BY: Karen Sharp TITLE Staff Mgr DATE 4-30-18  
Conditions of Approval (if any):

**ZIMMERMAN # 003**

Continued:

2/20/2018

Removed horse head. Pumped 45 bbls of hot water. TOH W/rods and pump. Put valve on and SDFN.

02/21/2018

Put BOP on. Tagged bottom. TOH W/tbg. Tallied tbg. TIH W/notched collar. TIH W/ new SN. Changed 13 collars. TIH W/34 stands. Closed BOP and put valve on. SDFN

02/22/2108

Opened BOP. TIH W/12 stands. Changed 14 collars. Picked up 2 joints. TIH W/tbg. Circulated 120 bbls of water, laid dwn 2 joints. TOH W/standing valve. Tested @ 750PSI. Tested good. Fished standing valve. TOH W/tbg. Removed notched collar. TIH W/tbg. TIH W/24 ft. of 2 3/8 ponies. Removed BOP. TIH W/new pump. TIH W/rods. Put horse head on, respaced well. Hung Well. Tested @ 500PSI, tested good. Shut well in and SDFN.

02/23/2018

RD and cleaned location.