STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED

MAR 7 1980

O. C. D.

ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐   Fee ☒

5. State Oil & Gas Lease No.

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.
OIL WELL ☒   GAS WELL ☐   OTHER-

2. Name of Operator

Charles W. Harle

3. Address of Operator

P.O. Box 354 Roswell, N.M. 88201

4. Location of Well

UNIT LETTER __C__ . __660__ FEET FROM THE __North__ LINE AND __1980__ FEET FROM

THE __West__ LINE, SECTION __35__ TOWNSHIP __10S__ RANGE __25E__ NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3720' GR

7. Unit Agreement Name

8. Farm or Lease Name

Zimmerman

9. Well No.

#1

10. Field and Pool, or Wildcat

South Bitter Lake San Andres

12. County

Chavez

16.
Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER _____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER __Plug & abandon Zimmerman #1__ ☐

17. 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.

The Zimmerman #1 was plugged to the surface with 6 yards of redi-mix cement on 3-5-80.
Cement & sand was used with 2% calcium chloride.
Excess cement was dumped behind 4½" casing and filled to surface behind casing.
Dry Hole marker set & location cleaned up.

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

SIGNED _____ TITLE __Agent__ DATE __3-5-80__

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: