

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

API NO. (assigned by OCD on New Wells)

30-025-05125

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☐

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☒

b. Type of Well:

OIL
WELL ☒

GAS
WELL ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. Name of Operator

Polaris Production Corp.

3. Address of Operator

P. O. Box 1749, Midland, TX 79702

4. Well Location

Unit Letter D : 990 Feet From The North Line and 330 Feet From The West Line

Section 25 Township 14-S Range 37-E NMPM Lea County

10. Proposed Depth

12,100'

11. Formation

Pennsylvanian

12. Rotary or C.T.

13. Elevations (Show whether DF, RT, GR, etc.)

3815' DF

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

NA

16. Approx. Date Work will start

Immediately

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	373'	400	Surface
11	8 5/8"	32#	4774'	2600	Surface
7 7/8"	5 1/2"	17 & 20#	12,472'	900	7090'

1. Pull tubing and production equipment.
2. Set CIBP at 12,100' and dump 3 sx cement on top.
3. Perforate opposite the lower Pennsylvanian from 11,100-11,140'.
4. Acidize as necessary to clean perms.
5. Swab test.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM. IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE [Signature] TITLE President DATE 1-2-90

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

APPROVED BY [Signature]
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 12 1990

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

Workover

RECEIVED

JAN 11 1990

OCD
HOBBS OFFICE