

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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

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

WELL API NO.	30-025-05195
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name T. D. Pope	
8. Well No.	21
9. Pool name or Wildcat	Wildcat
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3818 DF	

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. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. Name of Operator Polaris Production Corp.	
3. Address of Operator P. O. Box 1749, Midland, TX 79702-1749	
4. Well Location Unit Letter A : 660 Feet From The North Line and 660 Feet From The East Line Section 35 Township 14-S Range 37-E NMPM Lea County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3818 DF	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. 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.

1. Set CIBP @ 4615 w/ 3 sx cement on top.
2. Perf the 8-5/8" csg opposite the Grayburg, selectively, from 4280 to 4337.
3. Swab, test, and treat, as necessary, to establish fluid entry.

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

SIGNATURE  TITLE President DATE 1-12-99

TYPE OR PRINT NAME Davis Payne TELEPHONE NO. 915/684-8248

(This space for State Use)

ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

