

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 ☐ FEE ☒
6. 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. Type of Well: OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Lease Name or Unit Agreement Name T. D. Pope
2. Name of Operator Polaris Production Corp.	8. Well No. 21
3. Address of Operator P. O. Box 1749, Midland, TX 79702-1749	9. Pool name or Wildcat Wildcat

4. Well Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>35</u> Township <u>14-S</u> Range <u>37-E</u> NMPM Lea County	10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3818 DF
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11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☒
PLUG AND ABANDON ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	COMMENCE DRILLING OPNS. ☐
PULL OR ALTER CASING ☐	PLUG AND ABANDONMENT ☐
OTHER: ☐	CASING TEST AND CEMENT JOB ☐
	OTHER: ☐

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 @ 11,918 w/ 3 sx cement on top. 12-10-98.
2. Circ. 9.5# mud 9,500 to 11, 900. 12-10-98.
3. Spot 50 sx cement plug 9,000 to 9,508. 12-11-98.
4. Circ. 9.5# mud 6,600 to 9,000. 12-11-98.
5. Spot 50 sx cement plug 6,165 to 6,600. 12-11-98.
6. Perf. 5 1/2" liner, selectively, from 5207 to 5585 w/ 44-3/8" jets. 12-17-98.
7. Swabbed 6 BFW/hr. 12-18-98.
8. Squeezed the perfs 5207-5585 w/ 200 sx. 12-19-98.
9. Re-perf the interval 5207-5585 and treated w/ 11,500 gals NeFe Acid. 12-23-98.
10. Swab one bbl/hr acid water. 1-9-99.
11. SD to test Grayburg. 1-9-99.

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

SIGNATURE [Signature] TITLE President DATE 1-12-99

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

(This space for State Use)

APPROVED BY [Signature] TITLE Field Rep. II DATE 2/8/99
CONDITIONS OF APPROVAL, IF ANY:

Not posted
1st Aug 1999
New Zone
271 Denton Devonian
CT

10/12/1999
2
Nov 1999
Received
Date
010