

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.	30-025-05209
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	009355
7. Lease Name or Unit Agreement Name	
T. D. Pope	
8. Well No.	1.
9. Pool name or Wildcat	Denton Devonian
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	
3798 GR	

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 ☐
2. Name of Operator	Polaris Production Corp.
3. Address of Operator	P. O. Box 1749
4. Well Location	Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 36 Township 14-S Range 37-E NMPM Lea County

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 ☐
TEMPORARILY ABANDON ☒	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	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 Cast Iron Bridge Plug at 12,180 ft.
2. *Load hole with inert fluid* Pressure test casing to 500 Psi.
3. Hold for further development.

THE COMMISSION MUST BE NOTIFIED 24 HOURS PRIOR TO THE COMMENCEMENT OF PROPOSED OPERATIONS FOR THE WELL TO BE APPROVED.

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

SIGNATURE *Davis Payne* TITLE President DATE 3-23-00
TYPE OR PRINT NAME Davis Payne TELEPHONE NO. 915/684-8248

(This space for State Use)

APPROVED BY *[Signature]* TITLE Control DATE 3-23-00
CONDITIONS OF APPROVAL, IF ANY:

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Received
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