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

DISTRICT | P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION P.O. Box 2088

CONDITIONS OF APPROVAL, IF ANY:

API NO. (assigned by OCD on New Wells)

30 - 025-05262

Santa Fe, New Mexico 87504-2088						00 00 00 00 00 00 00 00 00 00 00 00 00				
DISTRICT II P.O. Drawer DD, Artesia,	NM 88210			M IAICYICO (7504-2000		5. Indicate	Type of Lease S	TATE	FEB X
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410						6. State Oil & Gas Lease No.				
APPLICA	TION FOR PE	RMIT TO	DRILL, E	EEPEN, O	R PLUG BACK	K				
Ia. Type of Work:						7. Lease Name or Unit Agreement Name				
DRIL	L 🔲 RE	ENTER [DEE	PEN 🗌	PLUG BACK	X				
b. Type of Well: OH. GAS WELL X WELL [OTHER			SINGLE ZONE	MULTIPLE ZONE	" 🗆	Argo			
2. Name of Operator						8. Well No.				
Polaris 1	Production	Corp.								
3. Address of Operator			_			:	9. Pool name or Wildcat			
P. O. Box	k 1749, Mid	land, 1	ľexas	79702-174	19		Wilde	cat		
4. Well Location Unit Letter	A : 660	_ Post Pron	n The	East	Line and		660 Fee	From The _	North	Line
Section 3		Township	, 15-S	Rang	е 37-Е		IMPM	·····	Lea	County
				Manager Depth			/////////////////////////////////////		12. Rotary or	
11. F 12,640						111. F	Abo		Pulling Unit	
13. Elevations (Show wheth	er DF. RT. GR. etc.	1 14	Kind & Status		15. Drilling Coo	ntractor	ADO	16. Approx.	Date Work will	
3823 DF			Blanket		Unknown			Immediately		
17.		PRO	POSED C	ASING ANI	CEMENT PR	ROGR	AM			
SIZE OF HOLE	SIZE OF CA	SING	WEIGHT P	ER FOOT	SETTING DEF	HT	SACKS O	F CEMENT	EST.	TOP
17 1/2"	13 3/8		48#		374			25	Circ. to	
11"	8 5/8		32#		4655'		350	00	Circ. to	
7 7/8"	5 1/2		20# &		12.500'		11.		5700	•

Propose to: (Plug back from the Wolfcamp and test the Abo)

1. Pull tbg. and production equipment.

			Permit Expires 6 Months From Approval				
APPROVED BY			DATE				
(This space for State Use) ORI	GINAL SIGNED BY JERRY SEXTO DISTRICT I SUPERVISOR	MC	MAY 28 1991				
TYPE OR PRINT NAME	Davis Payne		TELEPHONE NO. 915/684-824				
SKINATURE	no Myn	πus President					
I hereby certify that the infoghation	pa above is true and complete to the best of m		DATE May 20, 1991				
ZONE. GIVE BLOWOUT PREVENT	PROGRAM, IF ANY	SAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT P	RODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE				
	5. Swab test.						
	4. Acidize as neces	ssary to clean perforations.					
	3. Perforate opposi	ite the Abo from 8058 to 8348.	•				
	2. Set CIBP at 9100	of and dump 3 sx. cement on top	.				

Date Unless Brilling Underway.

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