

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)

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 ☐

7. Lease Name or Unit Agreement Name

Argo

2. Name of Operator

Polaris Production Corp.

8. Well No.

1

3. Address of Operator

P. O. Box 1749, Midland, Texas 79702

9. Pool name or Wildcat

Denton Wolfcamp

4. Well Location

Unit Letter A : 660 Feet From The East Line and 660 Feet From The North Line

Section 3

Township 15-S

Range 37-E

NMPM

Lea

County

10. Proposed Depth

12,640

11. Formation

Wolfcamp

12. Rotary or C.T.

Rotary

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

3823 DF

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Unknown

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	374	325	Circ. to surf.
11"	8 5/8"	32	4655	3500	Circ. to surf.
7 7/8"	5 1/2"	17 & 20	12,500	1150	5700

Propose to:

1. Pull tubing and production equipment.
2. Set CIBP at 12,100' and dump 3 sx cement on top.
3. Perforate opposite the Wolfcamp from 9280 - 9500.
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 8-10-90

TYPE OR PRINT NAME Davis Payne

TELEPHONE NO. 915/684-8248

(This space for State Use)

Eddie W. See

Oil & Gas Inspector

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Permit Expires 6 Months From Approval
Date Unless Drilling Underway.

