

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
B. 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 Herman Rd., Alamogordo, NM 87410

OIL CONSERVATION DIVISION 2040 Pacheco St. Santa Fe, NM 87505

WELL API NO. 30-025-05265	
5. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Argo	
8. Well No. 4	
9. Pool name or Wildcat Denton Wolfcamp	

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 415 W. Wall Midland, TX. 79701	
4. Well Location Unit Letter A : 960 Feet From The N Line and 330 Feet From The E Line Section 3 Township 15-S Range 37-E NADPM LEA County	
10. Elevation (Show whether D.P., RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ PULL OR ALTER CASING ☐ OTHER: ☐	SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTERING CASING ☐ COMMENCE DRILLING OPNS. ☐ 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.

Set CIBP @ 9200' - 35' cmt on top
 Spot 35SKS @ 4785 - 4685
 Spot 35SKS @ top of salt (2200-2100) 3000' RULE
 Spot 35SKS @ 410 - 310
 Spot 10SKS @ 30' - surface. Spot 25SKS @ 6200'
 Cir. 9.5# mud
 Install dry hole marker

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

SIGNATURE **Ricky Smith** TITLE **Agent** DATE **10-20-97**
 TYPE OR PRINT NAME **Ricky Smith** TELEPHONE NO. **915 586-3076**

(This space for State Use)

ORIGINAL SIGNATURE OF TIS WILLIAMS
 DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE **10-17-1997**

CONDITIONS OF APPROVAL, IF ANY:

10 & AMEND

