

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, 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. Denver ED, Artesia, NM 88210

DISTRICT III
1000 Rio Blanco RA, Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-025-09870
3. Indicate Type of Lease	STATE ☐ FEE ☒
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Argo
8. Well No.	5
9. Foot name or Wellhead	Denton Wolfcamp
10. Elevation (Show whether DP, PKE, RT, GR, etc.)	3810 DF

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, Midland, TX 79702

4. Well Location
Unit Letter H : 2087 Feet From The North Line and 330 Feet From The East Line

Section 3 Township 15-S Range 37-E NMPM Lea County

10. Elevation (Show whether DP, PKE, RT, GR, etc.)
3810 DF

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.

11-24-97 Spot 100 sx @ 9150-9000' and tagged TOC @ 9000'.
11-25-97 Spot 35 sx @ 6000-5664'.
11-25-97 Spot 75 sx @ 4964-4470' and tagged TOC @ 4470'.
11-26-97 Spot 35 sx @ 2210-2075'.
11-26-97 Spot 35 sx @ 420-285'.
11-26-97 Spot 10 sx @ 30' to surface.
Circulate 10# Mud between plugs and install Dry Hole Marker.

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 12-28-97

TYPE OR PRINT NAME Davis Payne

TELEPHONE NO. 915/684-8248

(This space for State Use)

COMPLIANCE OFFICER

DATE 08 2002

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

GINW

