Submit 3 Copies
to Appropriate
District Office

CONDITIONS OF APPROVAL, IF ANY:

## State of New Mexico Energy, Namerals and Natural Resources Department

Form C-103 Revised 1-1-89

| to Appropriate District Office  | Energy, Numerals and Natural Resources Department    |                                    | Revised 1-1-89                               |
|---|--|------------------------------------|--|
| DISTRICT 1 P.O. Box 1980, Hobbe, NM 88240 OIL CONSERVATION DIVISION P.O. Box 2088   |  | WELL API NO. 30-025-71210          |  |
| DISTRICT II Santa Fe, New Mexico 87504-2088 P.O. Drawer DD, Artesia, NM 88210   |  |                                    | 5. Indicate Type of Lease                    |
| DISTRICT III  |  |                                    | STATE FEE X                                  |
| 1000 Rio Brazos Rd., Aziec, NM 87410  |  |                                    | 6. State Oil & Gas Lease No.                 |
| 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.) |  |                                    | 7. Lease Name or Unit Agreement Name Polaris |
| 1. Type of Well:  |  |                                    | Parks  |
| WELL X WELL OTHER   |  |                                    |  |
| 2 Name of Operator John H. Hendrix Corporation  |  |                                    | 8. Well No.<br>8                             |
| 3. Address of Operator  |  |                                    | 9. Pool name or Wildcat                      |
| 223 W. Wall, Suite 525, Midland, TX 79701   |  |                                    | Drinkard                                     |
| 4. Well Location  |  | 75101                              | Dilikalu                                     |
| Unit Letter ; 1  Section 14   | Township 22S Ra  10. Elevation (Show whether  3341 D | inge 37E<br>DF, RKB, RT, GR, etc.) | NMPM Lea County                              |
| 11. Check   | Appropriate Box to Indicate 1                        |                                    | aport or Other Date                          |
|   |  | •                                  | <del>-</del>                                 |
| NOTICE OF INTENTION TO: SUBSEQUENT F  |  |                                    | SEQUENT REPORT OF:                           |
| ERFORM REMEDIAL WORK  | PLUG AND ABANDON                                     | REMEDIAL WORK                      | ALTERING CASING                              |
| EMPORARILY ABANDON  | CHANGE PLANS   | COMMENCE DRILLING                  | GOPNS. PLUG AND ABANDONMENT XX               |
| ULL OR ALTER CASING   |  | CASING TEST AND CE                 |  |
| OTHER:  |  | <b>!</b>                           | g Drinkard                                   |
| work) SEE RULE 1103.  | 200' blanking off 1                                  |                                    | cing estimated date of starting any proposed |
| I hereby certify that the information above is true.  SIGNATURE H.,  TYPE OR PRINT NAME RONN  (This space for State Use)  | 11/1/2   | eld.<br>Vice-Presi                 | dent DATE 1/31/90  TELEPHONE NO. 15 684-66   |
| ORIGINAL SIGNED ST<br>AFTROVED BY DISTRICT I SU   |  | 1                                  | FE3 U2 1990                                  |

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