

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

30-005-20954

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK  
 DRILL  DEEPEN  PLUG BACK

b. TYPE OF WELL  
 OIL WELL  GAS WELL  OTHER   
 SINGLE ZONE  MULTIPLE ZONE

2. NAME OF OPERATOR  
 Yates Drilling Co.

3. ADDRESS OF OPERATOR  
 207 S. 4th, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*)  
 AT SURFACE  
 1650' FNL and 990' FWL

At proposed prod. zone  
 same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*  
 25 miles north of Maljamar, New Mexico

15. DISTANCE FROM PROPOSED\* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT.  
 (Also to nearest drlg. unit line, if any)

16. NO. OF ACRES IN LEASE  
 680

18. DISTANCE FROM PROPOSED LOCATION\* TO NEAREST WELL, DRILLING COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH  
 2950'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)  
 4222'

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2"	8 5/8"	24#	450'	250 sx circulated
7 7/8"	4 1/2"	9.5#	TD	200 sx

We propose to drill and test the Queen and intermediate formations. Approximately 450' of surface casing will be set and cement circulated to shut off gravel and caving. If needed (lost circulation) 7" intermediate casing will be run to 1900' and cemented with enough cement calculated to tie back into the surface casing. If commercial, production casing will be run and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: FW 450', 10# Brine to TD. Mud up w/SW gel to log. LCM needed.

BOP PROGRAM: BOP's will be installed at the offset and tested daily.

18 ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Regulatory Agent DATE 4/21/84  
 (This space for Federal or State office use)

PERMIT NO. \_\_\_\_\_ APPROVAL DATE \_\_\_\_\_

APPROVED BY S/Phil Kirk TITLE Area Manager DATE 4-26-84  
 CONDITIONS OF APPROVAL, IF ANY:

5. LEASE DESIGNATION AND SERIAL NO.  
 NM-0256521

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
 Burkitt Federal

9. WELL NO.  
 2

10. FIELD AND POOL, OR WILDCAT  
 Undes. Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Sec. 34-T12S-R31E

12. COUNTY OR PARISH  
 Chaves

13. STATE  
 NM

17. NO. OF ACRES ASSIGNED TO THIS WELL  
 40

20. ROTARY OR CABLE TOOLS  
 Rotary

22. APPROX. DATE WORK WILL START\*  
 ASAP