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Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

C

Submit to appropriate District Office

AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN,

PLUGBACK, OR ADD A ZONE

			¹ Operator Name Yates Petroleum								ID Number 575	
			105 S. Four Artesia, NM	th Street					30-015		Number)
	erty Code				⁵ Property				, <u> </u>		⁶ Well	No.
357	100				Poker	BIX	1				2	
		Cottonw	⁹ Proposed Pool 1 ood Draw; Bone Spring Oraw; Bone Spring	ng South					¹⁰ Prop	osed Poo	12	
⁷ Surface	Locatio		oou Diaw, Bone Spin	ng, south			1					
UL or lot no. C	Section 23	Townsh 24S	nip Range 31E	Lot I	E E	rom the		outh line orth	Feet from the 2310'	1	Vest line Vest	County Eddy
									2510	·	cor	
			cation If Differen							· · · · · · · · · · · · · · · · · · ·		
UL or lot no.	Section	Townsh	nip Range	Lot Io	dn Feet fi	rom the	North/S	outh line	Feet from the	East/V	Vest line	County
Addition	al Well	Inform	nation									
¹¹ Work	Type Code		¹² Well Type Co	de		le/Rotary		1	⁴ Lease Type Code			nd Level Elevation
	N		Oil			R			Private	:		3565'
	1ultiple		¹⁷ Proposed Dep 8500'	th		rmation Spring			¹⁹ Contractor		24	Spud Date ASAP
						· · · ·						
21												
²¹ Propos	sed Casi	ng and	l Cement Prog			· · · ·	······································		<u> </u>			<u> </u>
Hole S	Size		Casing Size	Casing	weight/foot		Setting D	epth	Sacks of Ce	ement.		Estimated TOC
17.5	5"		13.375"	-	48#		700'		550		0	
11'	"		8.625"		32#		4450	,	_1200		0	
7.88	3"	1	5.5"	1	5.5#		8500'		850		3950'	
23 Yates Petrole circulated to cemented, we MUD PROG BOPE PROC H2S is not an	eum Corpor shut off gra ell perforate RAM: 0-70 GRAM: A 3 nticipated fo	ine. Desc ration pro ivel and c ed and stin 00' Fresh 8000# BC or this we	program. If this app cribe the blowout pre poses to drill/test the arvings. Intermediat mulate as needed for Water; 700'-4450' I OPE will be installed ell. proved APD # 30-01.	Bone Spri e Bone Spri e casing wi production Brine Water on the 8 5/8	ngs and interme ill be set at 4450 r; 4450'-8400' I	Jse additi diate form)'; cennen Fresh Wa	onal shee mations. t circulate ter; 8400	ts if neces Approxin ed to surfa	ssary. nately 700' of surfa ace. If commercial ut Brine.	rce casing b, produc RE NO	g will be se tion casing CEIN	t and cement will be run and
²³ I hereby ce best of my kr Signature: Printed name Monti Sander Title: Land Regulat E-mail Addre montis@yate	nowledge ar <u><u></u> <u></u> <u></u> tory Techni ess:</u>	nd belief.	ation given above is Aunder	true and con	mplete to the	Title	Just	V A	CONSERVAT DCOL Sector 3 2010			ON
Date:	specificum		Phone:			Condi	tions of A	pproval A	Attached			
11/11/10			575-748-424	4				rp.c.u.r				

KC

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DISTRICT I 1825 N. French Dr., Hobbe, HM 88240 DISTRICT II

1301 W. Grand Avenue, Artesta, NM 88210 DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV 1220 S. St. Francis Dr., Santa Fe, NM 87505 Form C-102 Revised October 12, 2005

Submit to Appropriate District Office

State Lease — 4 Copies Fee Lease — 3 Copies

OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, New Mexico 87505

□ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API N	lumber			Pool Code			Pool Name		
30-015	5-38	276	96	546		ذW	ldcat Bone	Spring	
Property Co	de	1	•		Property Nam	6		Wolf N	umber
3570	0				POKER "BIX"			2	
OGRID No.		1			Operator Nom	•		Eleva	tion
025575				YATES P	ETROLEUM COR	PORATION		3565	
<u></u>					Surface Loc	ation			
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
с	23	245	31E		330	NORTH	2310	WEST	EDDY

C 23 24S 31E 330 NORTH 2310 WEST EDD Bottom Hole Location if Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South 1/10	Foot from the	East/West line	County
		l							
Dedicated Acres	Joint or	Infill Co	nsolidation Ca	de Orc	ter No.	-		-	
40				ľ	-				

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

2310'	FEE	N.32°12'33.2" W.103°44'58.8" N.440334.6 E.721853.3 (NAD-83)	OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organisation either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsary pooling order heretofore entered by the division
			Cy Cowan, Regulatory Agent Printed Name SURVEYOR CERTIFICATION
	-		 I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervison and that the same is true and correct to the best of my bellst. 11/30/2006 Date Surveyed
			Signature & Seal at Protessional Surveyor Certificate No. Herschel L. Johns 3640 Genetian Surveyor

 <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Road, Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 	State of New Me Energy Minerals and Natu Department Oil Conservation I 1220 South St. Fran Santa Fe, NM 8	ral Resources vivision ncis Dr.	Form C-144 CLEZ July 21, 2008 For closed-loop systems that only use above ground steel tanks or haul-off bins and propose to implement waste removal for closure, submit to the appropriate NMOCD District Office.
	op System Permit or C teel tanks or haul-off bins and p	ropose to implen	
	Type of action: 🛛 Perm	t 🗌 Closure	
Instructions: Please submit one application (Form closed-loop system that only use above ground steel			
Please be advised that approval of this request does not environment. Nor does approval relieve the operator o	relieve the operator of liability shoul	d operations result in	n pollution of surface water, ground water or the
Operator: <u>Yates Petroleum Corporation</u>		OGRID #:	025575
Address:105 South Fourth Street, Artesia,	New Mexico 88210		
Facility or well name: Poker BIX #2			
API Number:	OCD Permit Numb	er:	
U/L or Qtr/Qtr <u>C</u> Section <u>23</u>			
Center of Proposed Design: Latitude N32.			
Surface Owner: 🗌 Federal 🗌 State 🛛 Private 🗌			
3. Signs: Subsection C of 19.15.17.11 NMAC □ 12"x 24", 2" lettering, providing Operator's na Signed in compliance with 19.15.3.103 NMAC		ephone numbers	
4. <u>Closed-loop Systems Permit Application Attach</u> <i>Instructions: Each of the following items must b</i> <i>attached.</i>	e attached to the application. Plea	19.15.17.9 NMAC se indicate, by a cl	c heck mark in the box, that the documents are
 Design Plan - based upon the appropriate re Operating and Maintenance Plan - based up Closure Plan (Please complete Box 5) - based 	on the appropriate requirements of		C
Previously Approved Design (attach copy of d			_
Previously Approved Operating and Maintena	nce Plan API Number:		
5. <u>Waste Removal Closure For Closed-loop System</u> <i>Instructions: Please indentify the facility or facility facilities are required.</i>			
Disposal Facility Name: <u>Gandy Marley</u>	D	sposal Facility Per	mit Number: <u>NM-01-0019</u>
Disposal Facility Name:CRI	D	sposal Facility Per	mit Number: <u>R-9166</u>
Disposal Facility Name: <u>Lea Land Farm</u>	D	sposal Facility Per	mit Number: <u>WM-1-035</u>
Disposal Facility Name: <u>Sundance Services Ir</u>	1c D	isposal Facility Per	rmit Number: <u>NM-01-0003</u>
Will any of the proposed closed-loop system opera		r on or in areas tha	t will not be used for future service and operations?
Required for impacted areas which will not be use Soil Backfill and Cover Design Specification Re-vegetation Plan - based upon the approp	ons based upon the appropriate re priate requirements of Subsection I of	quirements of Sub f 19.15.17.13 NM	AC
Site Reclamation Plan - based upon the app	ropriate requirements of Subsectior	G of 19.15.17.13	NMAC

6.	
Operator Application Certification:	
I hereby certify that the information submitted with this application	ion is true, accurate and complete to the best of my knowledge and belief.
Name (Print): Monti Sanders	Title: Land Regulatory Technician
Signature: Mandus	Date: <u>11/11/10</u>
e-mail address:montis@yatespetroleum.com	Telephone: <u>575-748-4244</u>
7. OCD Approval: Permit Application (including closure plan) Closure Plan (only)
OCD Representative Signature:	Approval Date:
Title:	OCD Permit Number:
	sure plan prior to implementing any closure activities and submitting the closure report. thin 60 days of the completion of the closure activities. Please do not complete this vained and the closure activities have been completed.
	Closure Completion Date:
9. Closure Report Regarding Waste Removal Closure For Close	ed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only:
9. <u>Closure Report Regarding Waste Removal Closure For Close</u> Instructions: Please indentify the facility or facilities for where	ed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: e the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more tha
9. <u>Closure Report Regarding Waste Removal Closure For Close</u> Instructions: Please indentify the facility or facilities for where two facilities were utilized. Disposal Facility Name: Disposal Facility Name:	ed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more tha Disposal Facility Permit Number: Disposal Facility Permit Number:
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9. <u>Closure Report Regarding Waste Removal Closure For Close</u> <i>Instructions: Please indentify the facility or facilities for where</i> <i>two facilities were utilized.</i> Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities	ed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: e the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more that Disposal Facility Permit Number:
9. Closure Report Regarding Waste Removal Closure For Close Instructions: Please indentify the facility or facilities for where two facilities were utilized. Disposal Facility Name: Disposal Facility Name: Were the closed-loop system operations and associated activities Yes (If yes, please demonstrate compliance to the items be Required for impacted areas which will not be used for future ser Site Reclamation (Photo Documentation) Soil Backfilling and Cover Installation Re-vegetation Application Rates and Seeding Technique 10. Operator Closure Certification: I hereby certify that the information and attachments submitted w	ed-loop Systems That Utilize Above Ground Steel Tanks or Haul-off Bins Only: e the liquids, drilling fluids and drill cuttings were disposed. Use attachment if more that Disposal Facility Permit Number: Disposal Facility Permit Number:
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Yates Petroleum Corporation Closed Loop System

Equipment Design Plan

Closed Loop System will consist of:

1 – double panel shale shaker

1 - (minimum) Centrifuge, certain wells and flow rates may require 2 centrifuges On certain wells, the Centrifuge will be replaced by a Clackco Settling Tank System 1 - minimum centrifugal pump to transfer fluids

2- 500 bbl. FW Tanks

1-500 bbl. BW Tank

1-half round frac tank - 250 bbl. capacity as necessary to catch cement / excess mud returns generated during a cement job.

1 Set of rail cars / catch bins

Certain wells will use an ASC Auger Tank

Operation Plan

All equipment will be inspected at least hourly by rig personnel and daily by contractors' personnel.

Any spills / leaks will be reported to YPC, NMOCD, and cleaned up without delay.

Closure Plan

Drilling with Closed Loop System, haul off bins will be taken to Gandy Marley, Lea Land Farm, CRI or Sundance Services Inc.