

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 Petroleum Corporation (505) 748-1471

3. ADDRESS OF OPERATOR
105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface
660' FNL & 860' FWL (NWNW)

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
2 air miles SW of Counselor, NM

15. DISTANCE FROM PROPOSED*
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)
860'

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

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
7,188' ungraded ground

23. "GENERAL REQUIREMENTS".
PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH
12-1/4"	8-5/8"	24* (J-55, ST&C)	250'
7-7/8"	5-1/2"	15.5* (J-55, ST&C)	5,850'
or	4-1/2"	9.5/10.5"	5,850'

5. LEASE DESIGNATION AND SERIAL NO.
NM-81637
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Pinon Tank (ABZ) Fed.
9. WELL NO.
#1
10. FIELD AND POOL, OR WILDCAT
Lybrook-Gallup Ext.
11. SEC., T., R., M., OR BLK.
AND SURVEY OR AREA
D 33-23n-6w NMPM
12. COUNTY OR PARISH
Sandoval
13. STATE
NM

17. NO. OF ACRES ASSIGNED
TO THIS WELL
40

20. ROTARY OR CABLE TOOLS
Rotary

22. APPROX. DATE WORK WILL START*
Nov. 5, 1989

This section is subject to approval and
procedural review pursuant to 43 CFR 3105.4.
and appeal pursuant to 43 CFR 3105.4.

QUANTITY OF CEMENT
~175 sx or to surface
~1,065 sx or to surface
~1,065 sx or to surface

See attached

RECEIVED

NOV 13 1989

OIL CON. DIV.
DIST. 3

This APD is also serving as a BLM road right-of-way application. Yates is
applying for a 35' wide (maximum disturbance) road right-of-way across
NWNE Section 28 and SESW, S2SE, & NESE Section 29, all T. 23 N., R. 6 W.,
Sandoval County, NM. Total right-of-way length is ~1.0 mi., of which ~0.45
mi. needs only blading (SESW, SWSE, NWSESE Sec. 29) and ~0.55 mi. will
need upgrading (NESESE & NESE Sec. 29 and NWNE Sec. 28).

IN 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 Consultant DATE 10-10-89

(This space for Federal or State office use)

cc: Beardemphl, BLM 14, 12 for OGD

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE NOV 17 1989

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the
United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NMOC

**NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT**

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

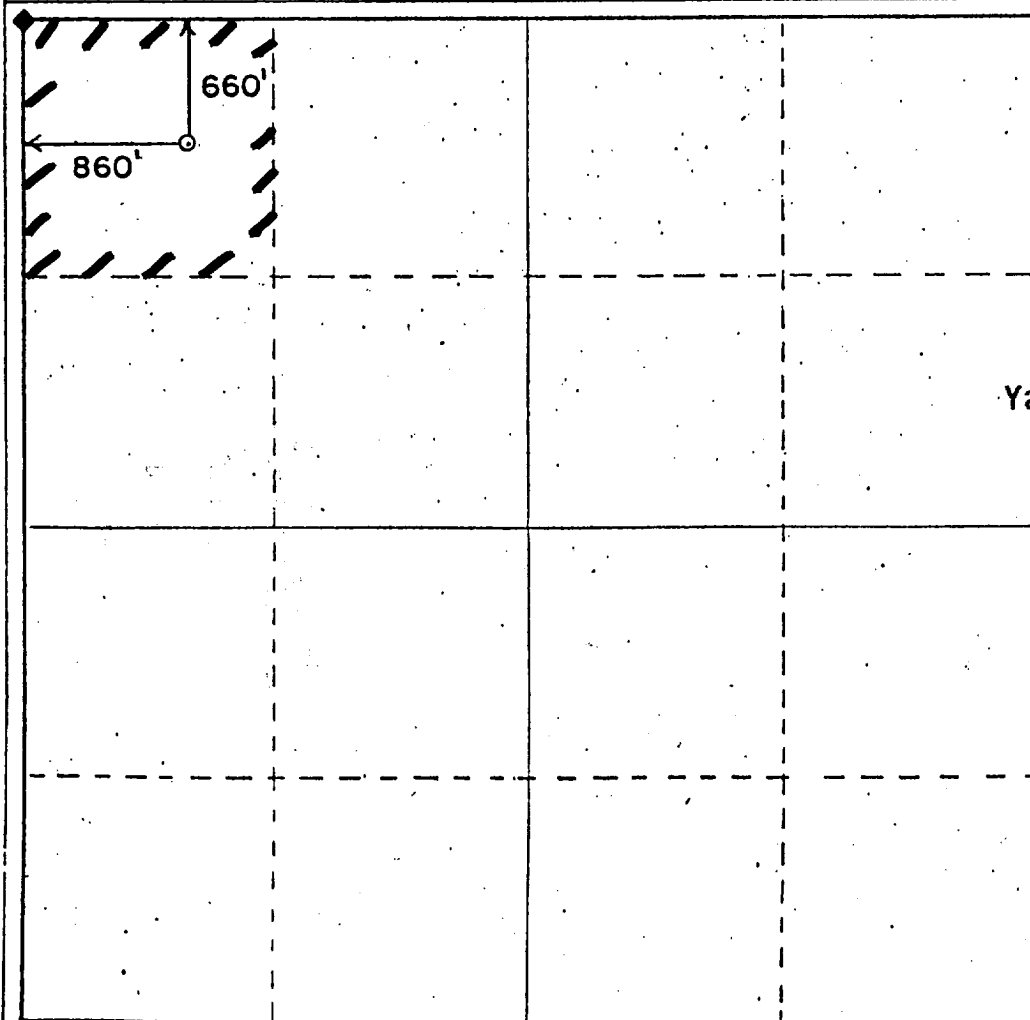
Operator Yates Petroleum		Lease Pinon Tank Federal		Well No. #1
Unit Letter D	Section 33	Township 23 North	Range 6 West	County Sandoval
Actual Footage Location of Well:				
660 feet from the North		860 feet from the West		Line
Ground Level Elev. 7188' grd.	Producing Formation Gallup	Pool Lybrook-Gallup Ext.	Dedicated Acreage 40 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

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

Name **Brian Wood**

Position **Consultant**

Company **Yates Petroleum Corporation**

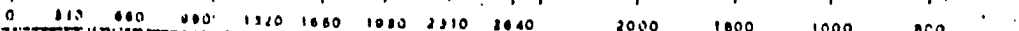
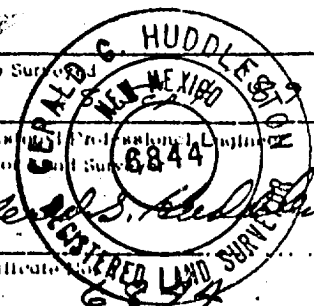
Date **October 10, 1989**

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 supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

Registered Professional Engineer and or Land Surveyor **6844**

Certificate _____



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-81637

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME

Pinon Tank (AB2) Fed.

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Lybrook-Gallup Ext.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

33-23n-6w NMPM

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

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" for such proposals.)

GIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

(505) 748-1471

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

Surface: 660' FNL & 860' FWL (NWNW) Bottom: Same

14. PERMIT NO.

30-

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

7,188' ungraded ground

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

(Other) ☐

More Cement Info ☒

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

As requested by BLM in its October 25 letter, the following additional data is
supplied regarding cement program. This supercedes data in APD.

Surface casing will be cemented to the surface in 1 stage with ≈ 212 cubic
feet of Class B with 3% CaCl and 1/4#/sk cellophane. Float will be inserted
at $\approx 210'$.

Long string will be cemented to the surface in 2 stages. First stage (≈ 437
cubic feet) will be 50/50 Poz B + 2% gel + 1/4#/sk cellophane + 4#/sk Hiseal.
Second stage ($\approx 1,500$ cubic feet) will be 65/35 Poz B + 12% gel + 1/4#/sk
cellophane + 4#/sk Hiseal. Float will be set at $\approx 5,810'$ and DV tool at $\approx 4,700'$.

18. I hereby certify that the foregoing is true and correct

SIGNED

Barndemphl

TITLE

Consultant

DATE

11-3-89

(This space for Federal or State office use)

APPROVED BY

TITLE

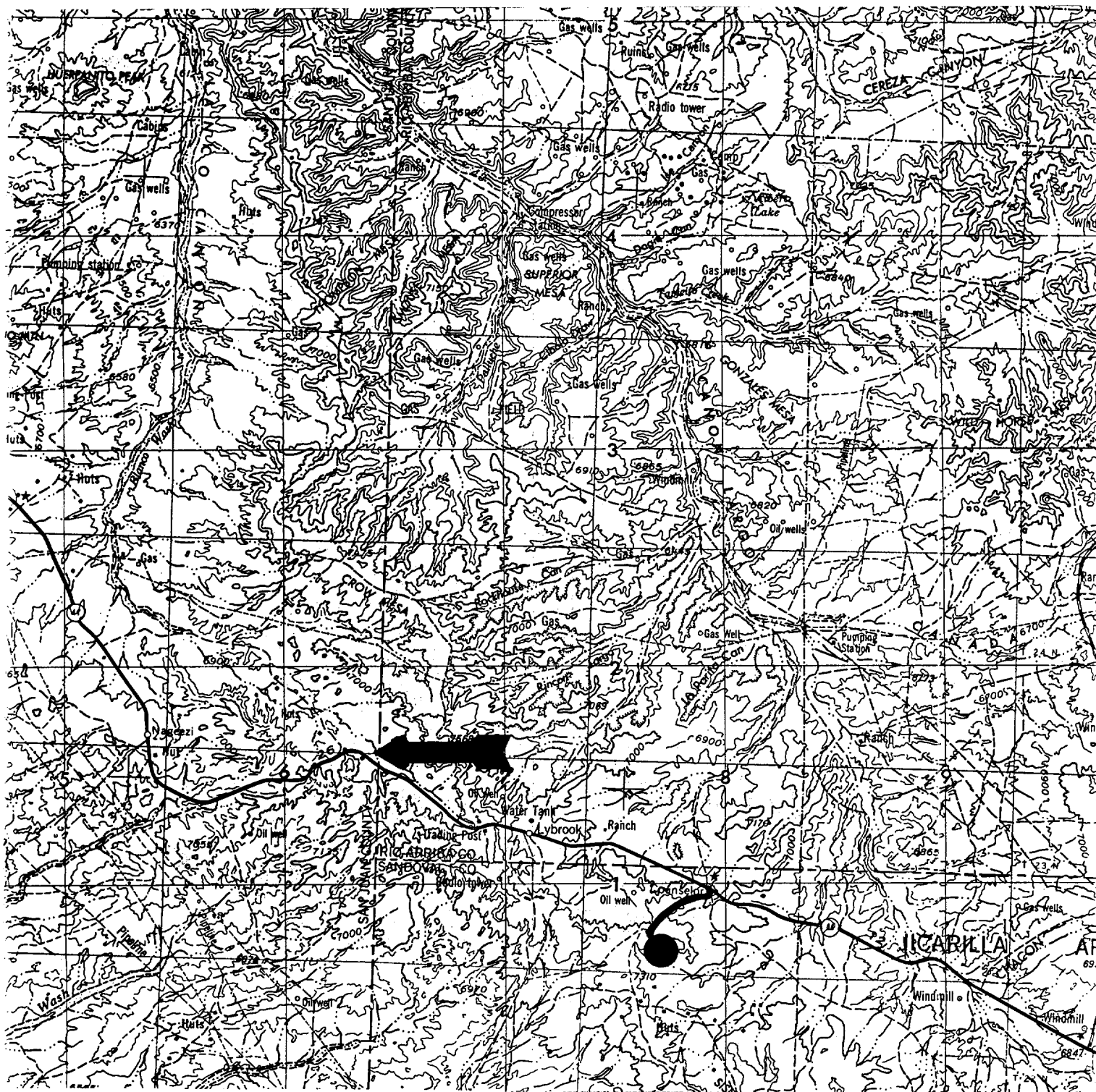
DATE

CONDITIONS OF APPROVAL, IF ANY:

cc: Beardemphl, BLM(4+ 2 for OCD)

*See Instructions on Reverse Side

PAGE 12



Access Route: 

PERMITS WEST, INC.
PROVIDING PERMITS for the ENERGY INDUSTRY



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Expired August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO
NM-81637

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—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

N/A

8. FARM OR LEASE NAME
Pinon Tank #2 Fed.

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT
Lybrook-Gallup Ext.

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

33-23n-6w NMPM

12. COUNTY OR PARISH

Sandoval

13. STATE

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Yates Petroleum Corporation

(505) 748-1471

3. ADDRESS OF OPERATOR

105 S. 4th St., Artesia, NM 88210

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At surface

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14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7,188' ungraded ground

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

Extend APD approval

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Please extend APD approval for 6 months past original expiration date.

RECEIVED
AUG 23 1990
OIL CON. DIV.]
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED

[Signature]

TITLE

Consultant

DATE

8-22-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

cc: Beardemphl, BLM(3)

*See Instructions on Reverse Side