

Submit to Appropriate
District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I

P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)

30-015-27376

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

Caffall "FD" Com

8. Well No.

2

9. Pool name or Wildcat

Kennedy Farms

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

2. Name of Operator

Yates Petroleum Corporation

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico 88210

4. Well Location

Unit Letter

I

: 1980

Feet From The

South

Line and

660

Feet From The

East

Line

Section

15

Township

17S

Range

26E

NMPM

Eddy

County

10. Proposed Depth

8670'

11. Formation

12. Rotary or C.T.

Rotary

13. Elevations (Show whether DF, RT, GR, etc.)

3330'

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Undesignated

16. Approx. Date Work will start

ASAP

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13 3/8"	48#	500'	450sx	Circulated
12 1/4"	9 5/8"	36#	1500'	650sx	Circulated
7 7/8"	5 1/2"	15.5# & 17#	TD	300 sx	As warranted

Yates Petroleum Corporation proposes to drill and test the Morrow and intermediate formations. Approximately 500' of surface casing will be set to shut off gravel and casings, and cement circulated. Intermediate casing will be set approximately at 1500' and cement circulated. Production casing will be set at TD and cemented with adequate cover.

MUD PROGRAM: Spud mud to 500'; fresh water to 1500'; cut brine to 8200'; SW/gel/Starch/Drispak to TD.

BOP PROGRAM: Bope installed on 9 5/8" casing, tested daily, yellow jacket prior to drilling Wolf Camp.

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. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

SIGNATURE

Ken Beardemphl

TITLE

Landman

DATE

3-29-93

TYPE OR PRINT NAME

Ken Beardemphl

TELEPHONE NO. 748-1471

(This space for State Use)

APPROVED BY

Mark Pehly

TITLE

Asst

DATE

3-29-93

CONDITIONS OF APPROVAL, IF ANY:

NO INTERFERED INSUFFICIENT
TIME TO PREPARE OF CEMENTING THE
13/4 9/8 CEMENT

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

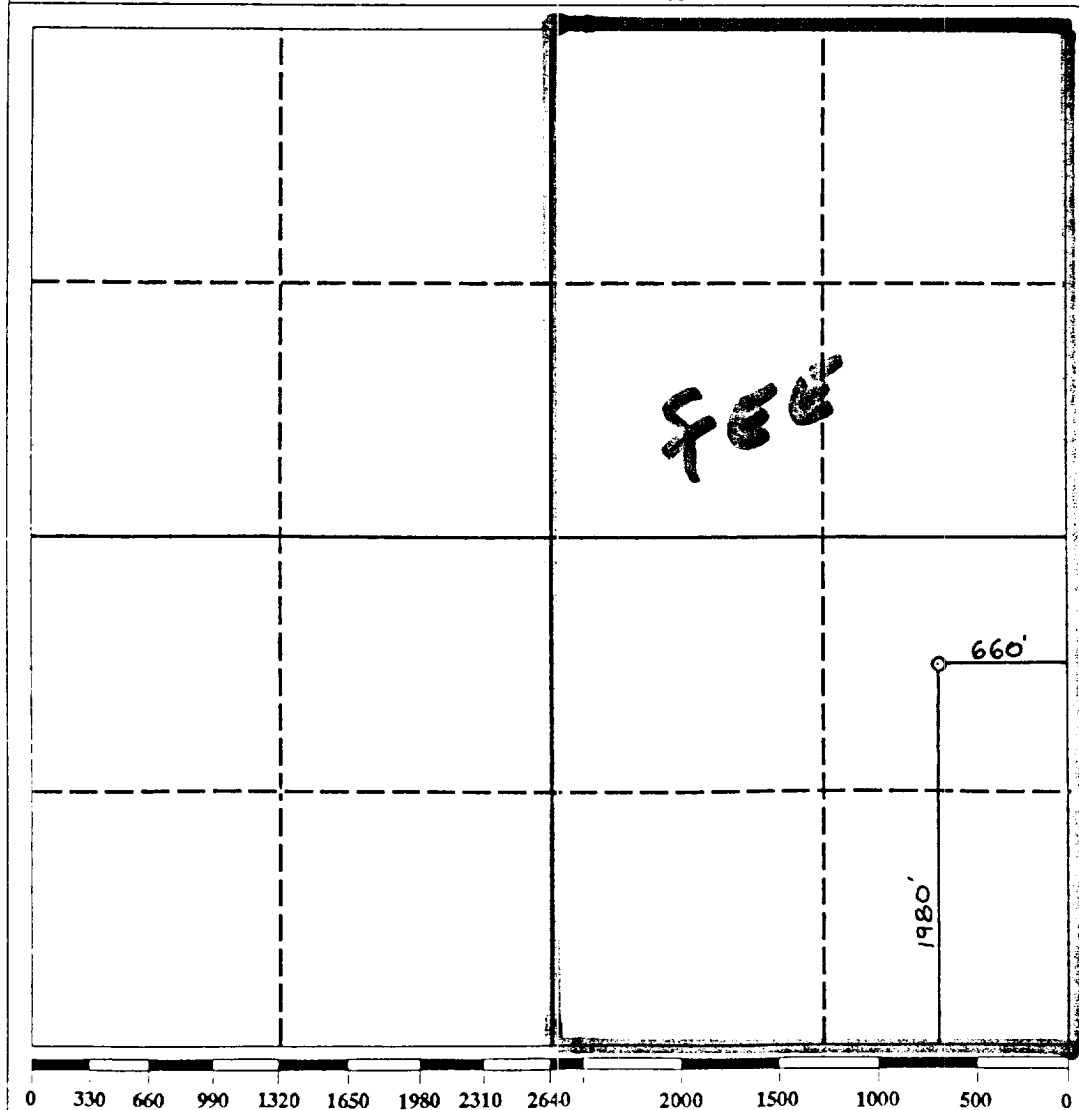
Operator YATES PETROLEUM CORPORATION			Lease CAFFALL FD COM		Well No. 2
Unit Letter I	Section 15	Township 17 SOUTH	Range 26 EAST	County EDDY COUNTY, N M	
Actual Footage Location of Well:					
1980 feet from the SOUTH line and		660 feet from the EAST line			
Ground level Elev. 3330.	Producing Formation Morrow		Pool Kennedy Farms		Dedicated Acreage: 360 Acres

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure 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 interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☒ Yes ☐ No If answer is "yes" type of consolidation Communication.

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 interest, has been approved by the Division.



OPERATOR CERTIFICATION

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

Signature

Printed Name _____

Position

Company

Date _____

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

Date Surveyed _____

MARCH

Signature & Seal of
Professional Surveyor

28

EG

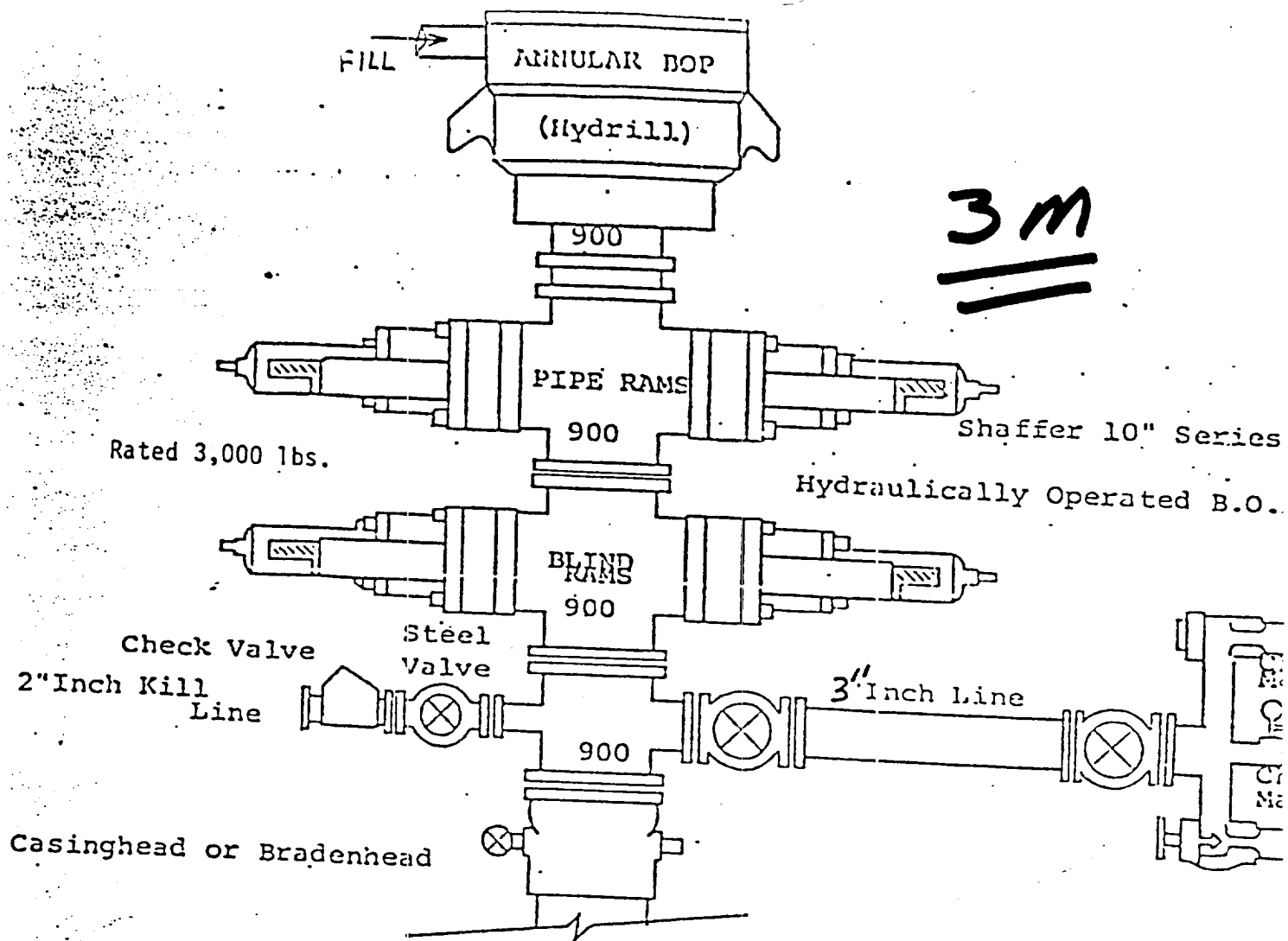
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THE FOLLOWING CONSTITUTE MINIMUM BLOWOUT PREVENTER REQUIREMENTS

1. All preventers to be hydraulically operated with secondary manual cc installed prior to drilling out from under casing.
2. Choke outlet to be a minimum of 3" diameter.
3. Kill line to be of all steel construction of 2" minimum diameter.
4. All connections from operating manifolds to preventers to be all steel hole or tube a minimum of one inch in diameter.
5. The available closing pressure shall be at least 15% in excess of the required with sufficient volume to operate the B.O.P.'s.
6. All connections to and from preventer to have a pressure rating equivalent to that of the B.O.P.'s.
7. Inside blowout preventer to be available on rig floor.
8. Operating controls located a safe distance from the rig floor.
9. Hole must be kept filled on trips below intermediate casing.

EXHIBIT
B