

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-101  
Revised 10-1-78

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OPERATOR	<input checked="" type="checkbox"/>

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DEC 8 1982

5A. Indicate Type of Lease
STATE <input checked="" type="checkbox"/> FEDERAL <input type="checkbox"/>
5. State Oil & Gas Lease No.
694

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work		7. Unit Agreement Name	
b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Re-Entry		8. Farm or Lease Name YATES	
2. Name of Operator KERSEY & COMPANY		9. Well No. 6	
3. Address of Operator P. O. Box 316, Artesia, New Mexico 88210		10. Field and Pool, or Wildcat ARTESIA QUEEN GBR. SA.	
4. Location of Well UNIT LETTER F LOCATED 2310 FEET FROM THE North LINE AND 2310 FEET FROM THE West LINE OF SEC. 33 TWP. 18 RGE. 28 NMPM		12. County EDDY	
19. Proposed Depth 2725		19A. Formation	
20. Rotary or C.T.		21. Elevations (Show whether DF, RT, etc.)	
21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor	
22. Approx. Date Work will start			

23.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP

Plan to go back in well and clean out to T.D. of 2725'.

Plan to run 4 1/2" casing inside of 7" casing (depth to top of 7", unknown at this time) and cement casing back to surface.

Will perforate and fracture the old field pay around 2000 - 2100'

APPROVED FOR 10 DAYS  
UNLESS DRILLING UNDERWAY

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.

Signed Harold Kersey Title Owner/Operator Date December 8, 1982  
(This space for State Use)

APPROVED BY Mr. Williams TITLE OIL AND GAS INSPECTOR DATE DEC 14 1982  
CONDITIONS OF APPROVAL, IF ANY: