Form 3160-3 (November 1983) (formerly 9-331C)	UNIT	SUBMIT IN TR. JATE (Other instructions on reverse side)		 Form approved. Budget Bureau No. 1004-0136 Expires August 31, 1985 					
	DEPARTMENT OF THE INTERIOR					5. LEASE DESIGNATION AND SEBIAL NO.			
	BUREAU OF LAND MANAGEMENT					LC 067136			
APPLICATION	FOR PERMIT T	O DRILL, I	DEEPEN,	OR PLUG	BACK	6. IF INDIAN, ALLOTTER	OR TRIBE NAME		
1a. TYPE OF WORK		DEEPEN		PLUG B		7. UNIT AGREEMENT NA	AMB		
b. TYPE OF WELL			SINGLE		riple	S. FARM OR LEASE NAM			
OIL GAS SINGLE SOURCE WELL OTHER ZONE ZONE						Scout EH Federal			
2. NAME OF OPERATOR						9. WELL NO.			
YATES PETROL	EUM CORPORATION	/	(505)_7	48-1471 RE	CEIVED	4			
3. ADDRESS OF OPERATOR					- 6 1991				
105 South 4t	h St., Artesia,								
4. LOCATION OF WELL (Re	eport location clearly and	in accordance wi	th any State	requirements.*)		Undes. Permo-Penn			
At surface 1980' FSL, 660). C. D.	11. SEC., T., R., M., OR BLK. AND SURVEY OB AREA							
		100 202		ARTE	SIA OFFICE				
At proposed prod. zon	e					Unit L, Sec.	27-T18S-R25E		
14 DISTANCE IN MILES	AND DIRECTION FROM NEAR	EST TOWN OR POS	T OFFICE*		·····	12. COUNTY OR PARISH	13. STATE		
						Eddy	NM		
Approx. 5 miles west of Dayton, NM 13. DISTANCE FROM PROPOSED [®] LOCATION TO NEABEST PROPERTY OR LEASE LINE, FT. 660'				ACRES IN LEASE		OF ACRES ASSIGNED HIS WELL			
(Also to nearest drig. unit line, if any) 18. DISTANCE FROM PROPOSED LOCATION*				ED DEPTH	20. ROTA	ALY OR CABLE TOOLS			
TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.					Pull	ing Unit			
21. ELEVATIONS (Show who	ether DF, RT, GR, etc.)								
3529' GR						When appro	oved		
23.	Ē	ROPOSED CASI	NG AND CH	MENTING PROC	GRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER H	700T	OOT SETTING DEPTH		QUANTITY OF CEMENT			
17 }"	13-3/8"	48#		356'		65 sx (in place)			
12+"	8-5/8"	24#	11101			5 sx (in place)			
7-7/8"	4-1/2"	11.6 & 10	.5#	9063'	850	sx (in place)			

Application to recomplete well in Abo formation dated 12-11-89 and approved 12-14-89 was cancelled. Propose to abandon Morrow perforations 8792-8802' and recomplete in Permo-Penn as follows: Set cement retainer at 8750', establish injection rate into Morrow perfs and squeeze Morrow perfsw/50 sx Class "H" Neat cement. Will perforate and treat Permo-Penn zone 6601-7882'. If well is commercial in Permo-Penn, will TOOH with packer and RBP and determine location of casing leaks and repair leaks.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive sone 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.

stopp 1/anta De voluer	TITLE Production Supvr.	
(Phis space for Federal or State office use)		
PERMIT NO.	APPROVAL DATE	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY :		DATS

*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. Submit to Appropriate District Office State Lease - 4 copies Fee Lease - 3 copies

-

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

State of New Mexico Energy, Minerals and Natural Resources Department

+

OIL CONSERVATION DIVISION

~~~

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

| Operator                                                                                                                                                                                                                              |                                                                                                            |                |                     |                  | Lease            |                 |                   |                                   | Well No.                              |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------|---------------------|------------------|------------------|-----------------|-------------------|-----------------------------------|---------------------------------------|-----------------|
| YATES PETROLEUM CORPORATION                                                                                                                                                                                                           |                                                                                                            |                |                     | Scout EH Federal |                  |                 |                   | 4                                 |                                       |                 |
| Jait Letter                                                                                                                                                                                                                           | Sectio                                                                                                     | 0              | Township            |                  | Range            |                 |                   | County                            |                                       |                 |
| L                                                                                                                                                                                                                                     | 27                                                                                                         | 7              | 185                 |                  | 25E              |                 | NMPN              | E E C                             | ldy                                   |                 |
| Actual Footage Local                                                                                                                                                                                                                  | tion of                                                                                                    | Well:          |                     |                  |                  |                 |                   |                                   |                                       | ······          |
| 1980                                                                                                                                                                                                                                  | feet fr                                                                                                    | om the         | south               | line and         | 660              |                 | feet from         | the West                          | line                                  |                 |
| Ground level Elev.                                                                                                                                                                                                                    |                                                                                                            | Producia       | ig Formation        |                  | Pool             |                 |                   |                                   | Dedicated Acre                        | age:            |
| 3529'                                                                                                                                                                                                                                 | ļ                                                                                                          | Permo          | Penn                |                  | Undesi           | gnated Pe       | rmo Penn          |                                   | 320                                   | Acres           |
| 1, Outline                                                                                                                                                                                                                            | 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. |                |                     |                  |                  |                 |                   |                                   |                                       |                 |
| 2. If more                                                                                                                                                                                                                            | than o                                                                                                     | ne lease is do | icated to the well, | outline each and | identify the ow  | nership thereof | (both as to work  | ing 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.?<br>Yes No If answer is "yes" type of consolidation |                                                                                                            |                |                     |                  |                  |                 |                   |                                   |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                | and tract descrip   | tions which have | actually been co | msolidated, (U  | se reverse side o | C .                               |                                       |                 |
| this form if neccessary                                                                                                                                                                                                               |                                                                                                            |                |                     |                  |                  |                 |                   |                                   |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | ]              |                     | 1                |                  |                 |                   |                                   | OR CERTIFI                            |                 |
| 1                                                                                                                                                                                                                                     |                                                                                                            | 1              |                     |                  |                  |                 |                   |                                   | certify that the                      |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  |                 |                   |                                   | in in true and c<br>ledge and belief. | complete to the |
|                                                                                                                                                                                                                                       |                                                                                                            | l<br>r         |                     |                  |                  |                 |                   |                                   | inge und benej.                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  |                 |                   | Signature                         |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  |                 |                   | F                                 | T Da                                  | due             |
| 1                                                                                                                                                                                                                                     |                                                                                                            | Į              |                     |                  |                  |                 |                   | Printed Name                      | A CHILL                               | nun             |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     | L                |                  |                 | 1 /1              | JUANITA C                         | GOODLETT                              |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     |                  |                  |                 | 1 -               | Position                          |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | - <b>1</b>     |                     | 1                |                  |                 | [ {:              | PRODUCTIO                         | N SUPERVI                             | SOR             |
|                                                                                                                                                                                                                                       |                                                                                                            | I              |                     | 1                |                  |                 |                   | Company                           |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | l              |                     | ]                |                  |                 |                   | YATES PET                         | ROLEUM CO                             | RPORATIO        |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | 1                |                  |                 |                   | Date                              |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  | ;                |                 |                   | 11-1-91                           |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  | 1               |                   | SURVEY                            | OR CERTIF                             | CATION          |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     |                  |                  | <u> </u>        |                   | SORVE                             | OK CENTIN                             | CATION          |
| NM 067136                                                                                                                                                                                                                             | ,<br>,                                                                                                     | i              |                     | 1                |                  |                 |                   | I hereby certif                   | y that the well                       | location shown  |
|                                                                                                                                                                                                                                       |                                                                                                            | i              |                     | 1                |                  |                 |                   | on this plat w                    | as plotted from                       | field notes of  |
| 660'                                                                                                                                                                                                                                  |                                                                                                            | 1              |                     | 1                |                  |                 |                   |                                   | made by me                            |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | 1                |                  |                 | 1 1               |                                   | d that the san<br>best of my          |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  | ſ<br>           |                   | belief.                           | i best by my                          | womienge and    |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | j                |                  | 1               | 11                | •                                 |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     | 1                |                  | 1               |                   | Date Surveyed                     |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     | +                |                  | <br>            |                   | Refer to                          | original                              | plat            |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     |                  |                  |                 |                   | Signature & Se<br>Professional Su | ai or<br>inveyor dated                | 6-25-89         |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | 1                |                  | 1               |                   |                                   | .,                                    |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | 1                |                  |                 |                   |                                   |                                       |                 |
| 1980                                                                                                                                                                                                                                  |                                                                                                            | 1              |                     | 1                |                  |                 |                   |                                   |                                       |                 |
| 19                                                                                                                                                                                                                                    |                                                                                                            | 1              |                     | 1                |                  | 1               |                   |                                   |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            | 1              |                     | 1                |                  |                 |                   | Cadificate Ma                     |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     | J                | :                |                 |                   | Certificate No.                   |                                       |                 |
|                                                                                                                                                                                                                                       |                                                                                                            |                |                     | )                |                  |                 |                   |                                   |                                       |                 |
| 0 330 660                                                                                                                                                                                                                             | 990                                                                                                        | 1320 1650      | 1980 2310 2         | 640 200          | 0 1500           | 1000            | 500 0             |                                   |                                       |                 |