

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 1004-0136  
Expires August 31, 1985

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 Recomplete

SINGLE  
ZONE ☐

MULTIPLE  
ZONE ☐

2. NAME OF OPERATOR

YATES PETROLEUM CORPORATION ✓

3. ADDRESS OF OPERATOR

105 South 4th St., Artesia, NM 88120

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements\*)

At surface

1680' FNL & 1980' FEL

At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE\*

15. DISTANCE FROM PROPOSED\*

LOCATION TO NEAREST  
PROPERTY OR LEASE LINE, FT.  
(Also to nearest drlg. unit line, if any)

18. DISTANCE FROM PROPOSED LOCATION\*

TO NEAREST WELL, DRILLING, COMPLETED,  
OR APPLIED FOR, ON THIS LEASE, FT.

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

3451' GR

23.

PROPOSED CASING AND CEMENTING PROGRAM

| SIZE OF HOLE | SIZE OF CASING | WEIGHT PER FOOT | SETTING DEPTH | QUANTITY OF CEMENT |
|--------------|----------------|-----------------|---------------|--------------------|
| 17 1/2"      | 13-3/8"        | 48#             | 426'          | 450 sx (in place)  |
| 12 1/2"      | 8-5/8"         | 24#             | 2878'         | 1650 sx (in place) |
| 7-7/8"       | 4 1/2"         | 11.6#           | 11423'        | 880 sx (in place)  |

Propose to recomplate well as follows: Set CIBP at about 9600' w/35' cement cap.  
Perforate Wolfcamp lime at 8897-8916' (1 SPF) w/20 - .35" holes.  
Treat perforations with 2000 gals 15% NEFE acid.

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

TITLE Production Supervisor

DATE 8-3-89

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

FOR:

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions On Reverse Side