Submit to Appropriate District Office State Lease — 6 copies Fee Lease — 5 copies		State of New Mexico Enc.gy, Minerals and Natural Resources Department			Form C-101 (1) (1) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
DISTRICT I P.O. Box 1980, Hobbe, NM DISTRICT II	88240	OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico Bireto 2088			API NO. (assigned by OCD on New Wells)  30-015-27140  5. Indicate Type of Lease  STATE FEE XX  6. State Oil & Gas Lease No.			
P.O. Drawer DD, Artesia, N DISTRICT III 1000 Rio Brazos Rd., Aztec								
APPLICAT  1a. Type of Work:  DRILL  b. Type of Well:  OL GAS  WELL WELL	RE-ENTER	O DRILL, DEERENS	PLUG BACK MULTULE ZONE			me or Unit A	greement Name	
2. Name of Operator Yates Petroleum Corporation					8. Well No.			
105 South Fourth Street, Artesia, New Mexico 88210					9. Pool name or Wildcat Richard Knob - Atoka Morrow			
4. Well Location Unit LetterL  Section		South	Line and	66	^	From The	West	Line
10. Proposed Depth 8800'					Formation Morrow		12 Rozzy or C.T. Rotary	
13. Elevations (Show whether DF, RT, GR, etc.) 3526' GR		4. Kind & Status Plug. Bood 15. Drilling Contract Blanket Not Design					Date Work will start	
17.	· · · · · · · · · · · · · · · · · · ·	OPOSED CASING AN				110711	-	
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT			SACKS OF CEMENT		EST. TO	p
17 1/2"	13 3/8"	48#	500'		450 sacks		Circulate	
12 1/4"	<b>8</b> 5/8"	36#	1300'		650 sacks		Circulate	
7 7/8"	5 1/2"	15.5 & 17#	TD		700 sacks			
formations.		proposes to dril		be :	set and o	cement c	nediate 97 irculated #	- M-P-I
(100' below t	the base of the	Artesian water 2	one) and cem					

SEP 2 9 1992

DATE

ll be set to TD and cemented with adequate cover.

MUD PROGRAM: Spud mud to 500'; FW to 1300; cut Brine to 8200; SW gel/Starch/Drispak to TD.

BOP PROGRAM:

BOP will be installed on the 9 5/8" casing, tested daily, yellow jacket prior to drilling Wolfcamp.

APPROVAL VALID FOR 120 DAYS
PERMIT EXPIRES 3/19/93

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.

Landman 9-25-92 SKINATURE DATE . TYPE OR PRINT NAME Ken Beardemphl TELEPHONE NO. 748-1471

ORIGINAL SIGNED BY (This space for State Use) MIKE WILLIAMS

SUPERVISOR, DISTRICT IT

CONDITIONS OF APPROVAL, # ANY:

APPROVED BY\_

NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO WITNESS CEMENTING THE \_\_\_ CASING