

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

C/SF

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 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)
At surface 1980' FSL & 1980' FWL, Sec. 20-19S-25E
At proposed prod. zone

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*
9 miles west of Lakewood, N,

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)
660

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.
9450'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
3563' KB

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#	293'	250 sx (in place)
12 1/4"	8-5/8"	24#	1064'	600 sx (in place)
7-7/8"	4 1/2"	11.6 & 10.5#	9441'	490 sx (in place)

Propose to recomplete as oil well as follows.

Propose to set CIBP at 8235' w/cement cap on top, perforate Canyon 7798-7804', 7827-7848', 7866-7872'. Will stimulate well as need for production.

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. SIGNATURE [Signature] TITLE Production Supvr. DATE 7-19-89
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY [Signature] FOR: [Signature] DATE 8-6-89
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions On Reverse Side