

Submit to Appropriate District Office
State Lease - 6 copies
Fee Lease - 5 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-101
Revised 1-1-89

OIL CONSERVATION DIVISION

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AUG 30 1991

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

O. C. D.
ARTESIA OFFICE

API NO. (assigned by OCD on New Wells)

30-015-22146

5. Indicate Type of Lease

STATE FEE

6. State Oil & Gas Lease No.

E-952

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL RE-ENTER DEEPEN PLUG BACK

b. Type of Well:

OIL WELL GAS WELL OTHER RECOMPLETION
SINGLE ZONE MULTIPLE ZONE

7. Lease Name or Unit Agreement Name

State HU Com

2. Name of Operator

YATES PETROLEUM CORPORATION (505) 748-1471

8. Well No.

1

3. Address of Operator

105 South 4th St., Artesia, NM 88210

9. Pool name or Wildcat

Undes. Canyon

4. Well Location

Unit Letter N : 660 Feet From The South Line and 2080 Feet From The West Line

Section 7 Township 19S Range 28E NMPM Eddy County

10. Proposed Depth

11300'

11. Formation

Canyon

12. Rotary or G.F.

Pulling Unit

13. Elevations (Show whether DF, RT, GR, etc.)

3528' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

-

16. Approx. Date Work will start

When approved

17. PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17 1/2"	13-3/8"	48#	400'	350 sx (in place)	
12 1/2"	8-5/8"	24#	2200'	800 sx (in place)	
7-7/8"	5-1/2"	17# & 20#	11275'	575 sx (in place)	

Propose to squeeze present Wolfcamp perforations at 8569-8598' with 50-100 sx Class "H" Neat. Will perforate Canyon Dolomite as follows: 8856-60', 8870-8876' (24 shots). Treat 8856-8876' w/2500 gals 20% NEFE HCL acid. Flow/swab test Canyon and evaluate.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3/4/92
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.

SIGNATURE Mike Williams TITLE Production Supervisor DATE 8-30-91

TYPE OR PRINT NAME _____ TELEPHONE NO. _____

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY _____ TITLE _____ DATE SEP - 4 1991

CONDITIONS OF APPROVAL, IF ANY: