| DEPART TO THE PITERIOR IV.M. OIL COT Division Converses 20 C SUBJECT TO THE PITERIOR IV.M. OIL COT Division Converses 20 C SUBJECT TO THE PITERIOR IV.M. SUBJECT Division Converses 20 C SUBJECT DIVISION CONVERSES CON | Form 3 160-5 UPLITED STATI<br>(August 1999)   |   | FORM APPROVED<br>OMB No. 1004-0135<br>Divisiones Inovember 30, 2000  |
|---|---|---|--|
| SUNDRY NOTICES AND REPORTS ON WEIASTESIS, NM 882-2002         Do not use this form for proposals to drill or renotor an abandoned well. Use Form 3160-3 (APD) for such proposals.         SUBMIT IN TRIPLICATE - Other instructions on reverse side         1. Type of well         0. Well Carporation         2. Adress         1. Submet Operation         2. Adress         1. South Fourth Street, Artesia, NM 86210         1. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Wildcat Morrow       Wildcat Board         Subsequent Report       Andre Sange Report         1. Subsequent Report       Andre Sange Report         1. Subsequent Report       Ante Casing         1. Subsequent Report       Ante Casing Report         1. Subsequent Report       Ante Casing Report         1. Subsequent Report       Back         1. Subsequent Report       Back         1. Subsequent Report       Back         1. Subsequent Report       Back Subseq  | DEPARTN. I OF THE<br>BUREAU OF LAND MAN   | INTERIOR 811 S 1 COL  | Divisiones Jnovember 30, 2000  |
| Bo Hou use fulls form for proposals to and of reference an anomalous of the Name and No.     SUBMIT IN TRIPLICATE – Other instructions on reverse side     Type of Wel     One Well Oct Wel     | SUNDRY NOTICES AND RED  | NAGEMENT OTT S. ISI SIG   | <b>Bet</b> . Lease Serial No.  |
| Bundoned well. Use Form 3160-3 (APD) for such proposals.      SUBMIT IN TRIPLICATE - Other instructions on reverse side      Type of Well     Other and No.     Submit for NTIPLE/CATE - Other instructions on reverse side      Other and No.     Submit for Well Other     Submit for Well Foreigner     Submit for Well          | Do not use this form for proposals  | to drill or reenter an  | 6 If Indian Allottee or Tribe Name   |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side         1       Type of Weil       On Weil       One         2       Name of Operator       Reden GD Federal Com. #4         3       Address       3b. Phone No. (include area code)       O. AP Weil No.         36       Address       3b. Phone No. (include area code)       O. Piel on Pool of Exponsion y Area         36       Address       Mile B210       (505) 748-1471       O. Field and Pool of Exponsion y Area         4       Loastion of Weil (Phone, S.e., T. R. M. or Survey Description)       (505) 748-1471       O. Field and Pool of Exponsion y Area         4       Loastion of Weil (Phone, S.e., T. R. M. or Survey Description)       (505) FNL and 1650' FEL       O. Field and Pool of Exponsion y Area         500       FNL and 1650' FEL       The Casin y Charan Survey Description)       TYPE OF ACTION       Wild cast Morraw         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA       TYPE OF SUBMISSION       Production (Start/Resume)       Wall regime with the start of the Despon         13. Decke Prograd or Complexity of Casing Repair       New Construction       Recomplexity Mean       Weil Mean Yee of the Despon         14. TYPE OF SUBMISSION       The trans of the Desponsity of the Desp   |   |   |  |
| A well Xame and No     A well Xame     A well Xame and No     A well Xame     A well Xame and No     A well Xame Anando     A well X     | SUBMIT IN TRIPLICATE – Other ins  | tructions on reverse side   | 7. If Unit or CA/Agreement, Name and/o   |
| 2. Name of Operator Yates Petroleum Corporation Yates Petroleum Petroleum Petroleum Petroleum Petroleum Petroleum Petroleum Petroleum Petrole |   |   |  |
| Yates Petroleum Corporation <sup>1</sup> . API Well No.          Ja. Aldress <sup>1</sup> . API Well No.          JS South Fourth Street, Artesia, NM. 88210 <sup>(5)</sup> . 748-1471 <sup>1</sup> . Location of Well (fragge, Sec. T. R. M. or Survey Description) <sup>(5)</sup> . Field and Doil, or Exploratory Area          1650: FNL and 1650: FEL <sup>(5)</sup> . South Fourth Street, Artesia, NM. 88210 <sup>(5)</sup> . Field and Doil, or Exploratory Area          Section 35, T19S-R24E <sup>(5)</sup> . South Fourth Street, Artesia, State <sup>(6)</sup> . Edd and Doil, or Exploratory Area          Section 35, T19S-R24E <sup>(6)</sup> . Comp of Pairs <sup>(6)</sup> . Comp of Pairs <sup>(6)</sup> . Comp of Pairs          Section 35, T19S-R24E <sup>(6)</sup> . Comp of Pairs <sup>(6)</sup> . Well Completion           Subsequent Report  |   |   | -  |
| 14. Address       Db. Priori No. (include area code)       20. Fold and Pool, or Exploratory Area         105. South Fourth Street, Artosia, NM 88210       (505) 748-1471       Di Field and Pool, or Exploratory Area         1650. FALL and 1650/ FEL       Section of Well (Feorege, Sec. T. R. M. or Survey Description)       Wildcat Morrow         1650/ FALL and 1650/ FEL       Section 35, T19S-R24E       Eddy County, New Mexico         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       TYPE OF SUBMISSION         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       Water Shut-Off         13. bacter of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         13. bacter of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         14. baction of the program of the organized for the complete for the program of the organized for the complete for the organized for the complete for the organized for the complete for the organized for the or   |   |   |  |
| 105 South Fourth Street, Artesia, NM 88210       (505) 748-1471       Io. Field and Pool, or Exploratory Area         4. Location of Well (Pacetage, Ser, T. R. M. or Survey Description)       Wilded Morrow       II. Councy or Parish. State         1250 FML and 1650 FFL       Eddy County, New Mexico         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       Eddy County, New Mexico         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       Water Shu-Off         13. Subsequent Report       Charge Repair       Production (Star/Resume)       Water Shu-Off         13. Subsequent Report       Charge Plans       Plug Back       Production (Star/Resume)       Water Shu-Off         14. Therefore of intermit Notice       Convert to Injection       Production (Star/Resume)       Water Shu-Off         14. Therefore of intermit Notice       Convert to Injection offer devide and read and read refinance of the other Deepen Production (Star/Resume)       Production (Star/Resume)       Water Shu-Off         14. Therefore of intermit Notice       Convert to Injection offer devide and read and read refinance of the other Deepen Production (Star/Resume)       Production (Star/Resume)       Water Shu-Off         15. The deprodual to other members of the indiversemble offer devide and read refinance of the other Deepen Production (Star/Resume)       Production (Star/Resume)       Producti  |   | 3b. Phone No. (include area code)   | 30-015-06120   |
| 4       Lacation of Well (Featurge, Sec. T. R. M. or Survey Description)       Wildcatt Morrow         1650: FNL and 1650' FEL       Section 35, 719S-R24E       Eddy County, New Mexico         2       LCampore Parsis, State       Eddy County, New Mexico         12       CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Morice of Intent       Acidize       Deepen         Subsequent Report       Clasing Repair       New Construction         Final Abandonment: Note:       Convert to Ingetion       Plug and Abandon         3       Description Convert to Ingetion       Plug and Abandon         4       Lossing Repair       Plug and Abandon       Well Convert to Ingetion on Plug Back         3       Description Convert to Ingetion on provide be foremated marting due of any property Abandon       Producing Well         4       Lossing Repair       If the operation science in an upper competion or recompletion in a new interval, and and personnee derates thereof         4       Lossing Converter Unignetion Or Recompletion Report       Attrach the Body Adaddement Notes         3       Description Confliction Or Recompletion Report       And Log (Form 3160-4) Required After All Recompleted         4       There to sectly find important       The Clive Counter Trans State and correct <td></td> <td></td> <td>10. Field and Pool, or Exploratory Area</td>   |   |   | 10. Field and Pool, or Exploratory Area  |
| 1650' FNL and 1650' FEL       Section 35, 719S-R24E       I1. County or Parish, State         Section 35, 719S-R24E       I1. County or Parish, State         Iddy County, New Mexico         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Subsequent Report       Aciditie         Image: Subsequent Report       Charge Plans         Image: Final Abandonment Notice       Convert to Injection         Image: Subsequent Report       Convert to Injection         Image: Final Abandonment Notice       Convert to Injection         Image: Subsequent Report       Subsequent Report         Image: Subsequent Report       Final Abandonment Notice         Image: Subsequent Report       Convert to Injection         Image: Subsequent Report       Final Abandonment Notice         Image: Subsequent Report       Final Abandonment         Image   |   |   |  |
|   | 1650' FNL and 1650' FEL   |   |  |
|   | Section 35, T19S-R24E   |   |  |
| TYPE OF SUBMISSION       TYPE OF ACTION         Image: Subsequent Report       Alter Casing       Practure Treat       Production (Start/Resume)       Water Shul-Off         Image: Subsequent Report       Casing Repair       New Construction       Recomplete       Other Deepen         Image: Subsequent Report       Casing Repair       Plug and Abandon       Production (Start/Resume)       Well Integrity         Image: Subsequent Report       Casing Repair       Plug and Abandon       Production (Start/Resume)       Production (Start/Resume)         Image: Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Production (Start/Resume)         Image: Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Production demost and nagregord on an advertised and the vertical depth Subsequent Report         Image: Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Production demost and the series of all perinent darks and concest and the demost and the series of all perinent markers and concest and the demost an  |   |   | Eddy County, New Mexico  |
| Notice of Intent Acidize Order, Sector Model Notice of Intent Acidize Order, Sector Model Subsequent Report Casing Repair Final Abandonment Notice Convert to Injection Plug and Abandon Plug and Abandon Plug and Abandon Plug and Abandon Production (Start/Resume) Water Disposal Water Disposal Oroupted Completed Operationally or complete horonoling, by completing the subscripts by completion in a new interval, horonoling, be completed by the gradiant horonoling in the operation regime horonoling in the operation in an ever interval. Well Completion Or Recompletion Report And Log (Form 3160-4) Required After All Recompleted. Hink you. Well Completion Work Has Been Completed. Hink you. Well Completion Or Recompleted. Final horonoling is true and correct Numer Bunnet/Typed Cy Cowan Plate Cotober 6, 2000 This Space FOR FEDERAL OR STATE USE Approved by Complete the analysic base of the spin to date spin the spin the operation regime horonoling is true and correct. Num  | 12. CHECK APPROPRIATE BOX(ES) TO  | INDICATE NATURE OF NOTICE, RE   | PORT, OR OTHER DATA  |
| Alter Casing       Fracture Treat       Recomplete       Well Integrity         Bubsequent Report       Casing Repair       Pug and Abandon       Producing Well         Final Abandonment Notice       Convert to Injection       Plug Back       Water Disposal       Producing Well         Is. Dreache Proposed or Completed Operations (dealy size all periment deals, including estimated matting date of any proposed work and approximate duration thread.       Producing Well         Is. Dreache Proposed or Completed Operations (dealy size all periment deals, including estimated matting date of any proposed work and approximate duration thread.       Producing Well         Is. Dreache Proposed or Completed Operations (dealy size all periment deals, including relamation and matting date of any proposed work and approximate duration thread.       Producing Well         Is. Dreache Proposed or Completed Operations (dealy size all periment deals, including relamation, have been completed.       Final Abandonment. Notice Shall be filed only after all registrements, including relamation, have been completed.         Please see attached Drilling Prognosis.       Well Completion Or Recompletion Report And Log (Form 3160-4) Required After All Regulatory Agent       Regulatory Agent         Thank you.       Well Completion Or Recompleted.       Title       Regulatory Agent         Thank you.       Title       Regulatory Agent       October 6, 2000         This SPACE FOR FEDERAL OR STATE USE       October 6, 2000       Office   | TYPE OF SUBMISSION  | TYPE OF ACTION  | · · · · · · · · · · · · · · · · · · ·  |
| Subsequent Report       Casing Repair       Plug and Abandon       Recomplete       Producting Well         Subsequent Report       Change Plans       Plug and Abandon       Temporarily Abandon       Producting Well         Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Water Disposal         Subsequent Report       Convert to Injection       Plug Back       Water Disposal       Water Disposal         Subsequent Report       Convert to Injection       Plug Back       Subsequent Report       Producting Well         Subsequent Report       If the proposal to Geepen directionally give subsequences including estimated starting due of any proposed work and approximate duration thereof.       If the proposal is to depen directionally give subsequences, including retained the properties and consection or recompletion or recompletion or recompletion or recompletion is a new thereal, a from 160-4 shall be filed only after all requirements, including retaination, have been completed.       Subsequent Report         Please see attached Drilling Prognosis.       Well Completion Or Recompletion Report       And Log (Form 3160-4) Required After All Report Agent         Thank you.       Title       Regulatory Agent         Image: Direct/Typed/       Cy Cowan       Title         Mark       October 6, 2000       Title         Approved/V       Title       October 6, 2000         ORIGE_S  | -   -   |   |  |
| Final Abandomment Notice           Convert to Injection           Plug Back               Water Disposal             13. Descrive Proposed or Completed Operations (clearly state all pertinent details, including estimated starting det of any proposed work and approximate duration theread         The Well Completion of the Whole Shall be file with BLMFIBA. Approved by the Blad No. or file with Blad No. or file withe Blad No. or file with Blad No. or file with  | Subsequent Report Casing Repair   | New Construction 🔲 Recomple   | ete X Other Deepen   |
| Well Completion Or Recompletion Report<br>And Log (Form 3160-4) Required After All<br>Recompletion Work Has Been Completed.       Image: Completion Completion Report<br>And Log (Form 3160-4) Required After All<br>Recompletion Work Has Been Completed.         14. Thereby certify that the foregoing is true and correct<br>Name Counted/Typed<br>Cy Cowan       Trule<br>Regulatory Agent<br>Date         14. Thereby certify that the foregoing is true and correct<br>Name Counted/Typed<br>Cy Cowan       Trule<br>Date         14. Thereby certify that the foregoing is true and correct<br>Name Counted/Typed<br>Cy Cowan       Trule<br>Date         14. Thereby certify that the foregoing is true and correct<br>Name Counted/Typed<br>Cy Cowan       Trule<br>Date         14. Thereby certify that the foregoing is true and correct<br>Name Counted/Typed<br>Cy Cowan       Trule<br>Date         15. SPACE FOR FEDERAL OR STATE USE       October 6, 2000         16. The space for FEDERAL OR STATE USE<br>Conditions of approval, if any, are attached. Approval of his notice does not warrant or<br>certify that the applicant bolds legal or equitable title to those nights in the subject lease<br>which would entite the applicant bold and the rest arrite for any person knowingly and willfully to make to any department or agency of the United   |   |   |  |
| Well Completion Or Recompletion Report<br>And Log (Form 3160-4) Required After All<br>Recompletion Work Has Been Completed.       RECEIVED<br>OCD - ARTESIA         14. Thereby certify that the foregoing is true and correct<br>Name Crinted/Typed       Title         Name Crinted/Typed       Cy Cowan         Image: Space For Feberal OR STATE USE         Approved V         OR:G. SGD.) DAVID R. GLASS         Coditions of approval, if any, are attached. Approval of this notice does not warrant of<br>certify that the applicant to conduct operations thereon.         Ordices a conduct operations there on those matrix to work the applicant to conduct operations there on those matrix to matrix to make to any department or agency of the United   | 13. Describe Proposed or Completed Operations (clearly state all pertinen<br>If the proposal is to deepen directionally or recomplete horizontally,<br>Attach the Bond under which the work will be performed or provide<br>Following completion of the involved operations. If the operation res<br>Testing has been completed. Final Abandonment Notices shall be fin<br>determined that the site is ready for final inspection.) | t details, including estimated starting date of any p<br>give subsurface locations and measured and true w<br>the Bond No. on file with BLM/BIA. Required<br>ults in a multiple completion or recompletion in a<br>iled only after all requirements, including reclamat |  |
| 14. I hereby certify that the foregoing is true and correct         Name Opinted/Typed       Cy Cowan         Ignature       Date         October 6, 2000         THIS SPACE FOR FEDERAL OR STATE USE         Approved Vy       ORIG. SGD.) DAVID R. GLASS         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.         Title 18 LLS C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United  | Please see attached Drilling Prognosis.   |   | 3 107 2000 B   |
| 14. I hereby certify that the foregoing is true and correct         Name Opinted/Typed       Cy Cowan         Ignature       Date         October 6, 2000         THIS SPACE FOR FEDERAL OR STATE USE         Approved Vy       ORIG. SGD.) DAVID R. GLASS         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.         Title 18 LLS C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United  | And Log (Fo   | rm 3160-4) Required After A   | ed. Constant States Sta |
| Name       Date       Regulatory Agent         Lignature       Date       October 6, 2000         THIS SPACE FOR FEDERAL OR STATE USE         Approved Vy       /OP.IG. SGD.) DAVID R. GLASS         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Title         Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United  | 14. I hereby certify that the foregoing is true and correct   |   |  |
| Image: Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Date       October 6, 2000         Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United       Office  | Name (Printed/Typed)  |   | latery Acont   |
| THIS SPACE FOR FEDERAL OR STATE USE         Approved Vy       Title       Title       Date       QCT 1 2 200         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Title       Date       QCT 1 2 200         Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United       Office  |   | Date  |  |
| Approved vy<br>(OP.(G. SGD.) DAVID R. GLASS<br>Conditions of approval, if any, are attached. Approval of this notice does not warrant or<br>certify that the applicant holds legal or equitable title to those rights in the subject lease<br>which would entitle the applicant to conduct operations thereon.<br>Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United   | - G war   |   | ber 6, 2000  |
| OP.IG. SGD.) DAVID R. GLASS       DETROLEUM ENGINEER       VEI 12 2000         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Office         Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United   |   |   |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon. Office Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United  | Approved Vy (ORIG. SGD.) DAVID R. GLASS   | PETROLEUM ENGI  | NEER OCT 12 2000   |
| Title 18 U.S.C. Section 1001 make it a crime for any person knowingly and willfully to make to any department or agency of the United   | Conditions of approval, if any, are attached. Approval of this notice does certify that the applicant holds legal or equitable title to those rights in the   | not warrant or Office   |  |
|   | Title 18 U.S.C. Section 1001, make it a crime for any pers<br>sales furtious or fraudulent statements or representations  | on knowingly and willfully to make to an<br>as to any matter within its jurisdiction.   | ny department or agency of the United  |

(Instructions on reverse)

District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztee, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088

### State of New Mexico Energy, Minerals & Natural Resources Department

### OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-102 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office State Lease - 4 Copies Fee Lease - 3 Copies

AMENDED REPORT

# WELL LOCATION AND ACREAGE DEDICATION PLAT

| •                           | API Numb  | er                         |                    | <sup>1</sup> Pool Cod | e (                       | <sup>3</sup> Pool Name  |                    |                  |                            |                      |  |  |  |
|-----------------------------|-----------|----------------------------|--------------------|-----------------------|---------------------------|---|--------------------|------------------|----------------------------|----------------------|--|--|--|
|                             |           |                            |                    |                       |                           |   |                    |                  | Mo                         | orrow                |  |  |  |
| <sup>4</sup> Property       | Code      | <sup>5</sup> Property Name |                    |                       |                           |   |                    |                  | Property Name 'Well Number |                      |  |  |  |
|                             |           | Roden GD Federal Com. 4    |                    |                       |                           |   |                    | 4                |                            |                      |  |  |  |
| 'OGRID                      | No.       |                            |                    |                       |                           | or Name   |                    |                  |                            | ' Elevation          |  |  |  |
| 025575                      |           |                            |                    | YA                    | TES PETR                  | DLEUM CORPORA   | ATION              |                  |                            | 3656'                |  |  |  |
|                             |           |                            |                    |                       | <sup>10</sup> Surfac      | e Location  |                    |                  |                            | <del></del>          |  |  |  |
| UL or lot no.               | Section   | Township                   | Range              | Lot Idn               | Feet from the             | North/South line  | Feet from the      | East/West        | läne                       | County               |  |  |  |
| G                           | 35        | 19S                        | 24E                |                       | 1650'                     | North   | 1650'              | East             |                            | Eddy                 |  |  |  |
|                             |           |                            | <sup>11</sup> Bott | tom Hole              | e Location                | If Different Fr   | om Surface         |                  |                            |                      |  |  |  |
| UL or lot no.               | Section   | Township                   | Range              | Lot Idn               | Feet from the             | North/South line  | Feet from the      | East/West        | line                       | County               |  |  |  |
| <sup>12</sup> Dedicated Acr | I I Ioint |                            | onsolidatio        | C. d. Lillo           | rder No.                  |   |                    |                  |                            |                      |  |  |  |
|                             | Jome      |                            | 0030008001         |                       | raer No.                  |   |                    |                  |                            |                      |  |  |  |
| 320                         | VADIE     |                            |                    |                       |                           |   |                    |                  |                            |                      |  |  |  |
| NO ALLON                    | ABLE      | OR A N                     | JON-ST             | D IO IHI              | INT HAS I                 | ION UNTIL ALL<br>BEEN APPROVED  | INTERESTS F        | IAVE BEE         | EN CO                      | NSOLIDATED           |  |  |  |
|                             |           |                            | 1011-017           |                       |                           | DEEN AFFROVEL   |                    | ISION            |                            |                      |  |  |  |
| ×                           |           |                            |                    |                       | <b>Million Wester</b> owe | n Millele March American Anna Andrean   | <sup>17</sup> OPEI | RATOR            | CER                        | <b>FIFICATION</b>    |  |  |  |
|                             |           |                            |                    |                       |                           |   | I hereby cert      | ify that the inf | formation                  | contained herein is  |  |  |  |
|                             |           |                            |                    |                       | ~                         | -   | Irue and com       | plete to the be  | est of my                  | knowledge and belief |  |  |  |
|                             |           |                            |                    |                       | 50                        |   |                    |                  |                            |                      |  |  |  |
|                             |           |                            |                    |                       | NO I                      |   |                    | $\Lambda$        | $\Lambda$                  |                      |  |  |  |
|                             |           |                            |                    |                       | $\sim$                    |   |                    |                  |                            |                      |  |  |  |
| <b>_</b>                    |           |                            |                    |                       |                           |   |                    | 3 (              |                            | home -               |  |  |  |
|                             |           |                            |                    |                       |                           |   | Signature          | ~                |                            | V QNZ                |  |  |  |
|                             |           |                            |                    |                       |                           |   |                    | Cy Co            | owan                       |                      |  |  |  |
|                             |           |                            |                    |                       | ()                        | 1150'   | Printed Nan        |                  |                            |                      |  |  |  |
|                             |           |                            |                    |                       |                           | 1650'   | Title              | Regula           | atory                      | Agent                |  |  |  |
| NM-2                        | 5865      | 5                          |                    |                       | - 26864                   |   | 1.21               | tober 1          | . 200                      | 0                    |  |  |  |
|                             | - 0 -     | -                          |                    | $   N^{n}$            | - 2680-                   | -   | Date               |                  | ,                          |                      |  |  |  |
|                             |           |                            | Analis : Analisian |                       | a la lineas en altra de   |   | 18CUDA             |                  |                            |                      |  |  |  |
|                             |           |                            |                    |                       |                           |   |                    |                  |                            | IFICATION            |  |  |  |
|                             |           |                            |                    |                       |                           |   |                    |                  |                            | n shown on this plas |  |  |  |
|                             |           |                            |                    |                       |                           | was piolled from field notes of actual surveys made by<br>me or under my supervision, and that the same is true |                    |                  |                            |                      |  |  |  |
|                             |           |                            |                    |                       |                           |   | and correct L      | o the best of m  | ny beli <b>ef</b> .        |                      |  |  |  |
|                             |           |                            |                    |                       |                           |   |                    |                  |                            |                      |  |  |  |
|                             |           |                            |                    |                       |                           |   | Date of Surv       | •                |                            |                      |  |  |  |
|                             |           |                            |                    |                       |                           |   | Signature and      | Scal of Profe    | issional S                 | urveyer:             |  |  |  |
|                             |           |                            |                    |                       |                           |   | ਰਬਾਬਾਰ             | TO ORIO          | TUNY                       | т. рт.ат             |  |  |  |
|                             |           |                            |                    |                       |                           |   | KELER              | TO ORIC          | ANOTE                      | L FLAI.              |  |  |  |
|                             |           |                            |                    |                       |                           |   |                    |                  |                            |                      |  |  |  |
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|   |   | istances must be f  | rom the oute                                     | r boundaries o                       | the Son.                  |  |  |   |                      |
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| YATES PE  | TROLEUM COI   | RPORATION   | Lease<br>R                                       | oden GD F                            | ederal                    |  | W  | Vell No.<br>4   |                      |
| Jnit Letter Sec<br>G  | tion<br>35  | Township<br>19 South  | Range  | 24 East                              | County                    | Eddy Co  | ounty,   | N.M.  |                      |
| Actual Footage Location<br>1650   | 1   | korth   | 1650   |                                      | - <b>(</b>                | East   |  |   |                      |
| fround Level Elev.  | et from the<br>Producing For  | line and mation   | Pool   | le                                   | et from the               | <u>^</u>   | lir<br>Deducate  | d Acreage:  |                      |
| 3656.   |   | Canyon  |  | Jagger D                             |                           | - benn   |  | 60  | Acres                |
|   |   | ted to the subject we   |  | $\mathbf{U}$                         |                           |  |  |   |                      |
| interest and ro<br>3. If more than o<br>dated by comm<br>Yes<br>If answer is '<br>this form if ne | oyalty).<br>ne lease of d<br>nunitization, u<br>No If an<br>'no,' list the<br>cessary.) | dedicated to the well<br>ifferent ownership is o<br>initization, force-pooli<br>iswer is "yes," type o<br>owners and tract desc | dedicated<br>ng.etc?<br>f consolid<br>riptions w | to the well,<br>ation<br>hich have a | have the i<br>ctually bee | nterests of<br>  | all owr  | se reverse  | side o               |
|   |   | ed to the well until all<br>or until a non-standar  |  |                                      |                           |  |  |   |                      |
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|   |   |   |  | 1650'                                |                           | Company  | <u>ANOMA</u><br>L 0  |   |                      |
|   |   | NM-2  | 6864   |                                      |                           | Date   | <u>is</u> Pe<br>5-8-   | t. Corp.  |                      |
|   |   |   |  | ,<br>,<br>,                          |                           | I hereby<br>stown fri<br>notes sit<br>unter my<br>i Byur<br>known<br>Co<br>Date Survey<br>May 4, | NR. RI<br>NR. RI<br>NME,<br>NO 5412<br>The Sur<br>PROFESSION<br>PROFESSION<br>PROFESSION | D D the will<br>Contract of the second<br>on, and the second<br>the second of the second<br>the second of the second of the second<br>the second of the | rom field<br>y me or |
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## YATES PETROLEUM CORPORATION len GD Federal #4 Section 35 T19S-R24E, 1,650' N & 1,650' E



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### YATES PETROLEUM CORPORATION Roden GD Federal Com.#4 (Re-entry) 1650' FNL & 1650' FEL Section 35-T19S-R24E Eddy County, New Mexico

1. The estimated tops of geologic markers are as follows:

| Strawn             | 8148' |
|--------------------|-------|
| Atoka              | 8568' |
| Morrow Clastics    | 8998' |
| Mississippian Lime | 9098' |
| TD                 | 9200' |

2. The estimated depths at which anticipated water, oil or gas formations are expected to be encountered:

| Water:      | 275'-300'       |
|-------------|-----------------|
| Oil or Gas: | 8998' and 9200' |

3. Pressure Control Equipment: BOPE will be installed on the 9 5/8" casing and rated for 3000# BOP systems will be consistent with API RP 53. Pressure tests will be conducted before drilling out from under all casing strings which are set and cemented in place. Blowout preventor controls will be installed prior to drilling the surface plug and will remain in use until the well is completed or abandoned. Preventors will be inspected and operated at least daily to ensure good mechanical working order, and this inspection recorded on the daily drilling report. See Exhibit B.

Auxiliary Equipment:

- A. Auxiliary Equipment: Kelly cock, pit level indicators, flow sensor equipment, and a sub with full opening valve to fit the drill pipe and collars will be available on the rig floor in the open position at all times for use when kelly is not in use.
- 4. THE PROPOSED CASING AND CEMENTING PROGRAM:
  - A. Casing Program: (All New)

| Unio Sizo | Casing Size Wt./Ft | Grade         | Thread | Interval Length         |
|-----------|--------------------|---------------|--------|-------------------------|
| Hole Size |                    | J55           | ST&C   | 0-1232' 1232' In Place. |
| 14 1/4"   | 00,0               |               | ST&C   | 0-8012' 8012' In Place. |
| 8 ¾"      | 7" 23+26+29        | # J55+N80+N89 | 0.00   |                         |
| 6 1/8"    | 4 1/2" Liner 11.6# | N80           | ST&C   | 7650'-9200' 1550'       |

Minimum Casing Design Factors: Collapse 1.125, Burst 1.0, Tensile Strength 1.8

- B. CEMENTING PROGRAM:
  - Surface casing: 460 sx circulated (in place). Intermediate Casing: 1875 sx circulated (in place). Production Liner: 200 sx.

## Roden GD Federal Com.#4 Page 2

5. Mud Program and Auxiliary Equipment:

| <u>Interval</u> | <u>Type</u>     | <u>Weight</u> | <u>Viscosity</u>            | <u>Fluid Loss</u> |
|-----------------|-----------------|---------------|-----------------------------|-------------------|
| 0 -8012'        | Cut Brine       | 9.0-9.2       | 30-34                       | N/A               |
| 8012'-9200'     | SaltGel/Starch/ | 9.2-9.8       | 30-38                       | <10-15            |
|                 | Drispac         |               | · · · · · · · · · · · · · · | اط مسلمات م       |

Sufficient mud material(s) to maintain mud properties, control lost circulation and contain a blow out will be available at the well site during drilling operations. Mud will be checked hourly by rig personnel.

## 6. EVALUATION PROGRAM:

Samples:10' samples out from surface casing to TD.Logging:CNL/LDT TD to casing w/GR-CNL to surface; DLL TD to CSG. W/min RXV.Coring:None.DST's:As warranted.

7. Abnormal Conditions, Bottom hole pressure and potential hazards: Anticipated BHP:

| From: | 0     | To: | 8012' | Anticipated Max. BHP: | 500 PSI  |
|-------|-------|-----|-------|-----------------------|----------|
| From: | 8012' | To: | 9200' | Anticipated Max. BHP: | 2400 PSI |

Abnormal Pressures Anticipated: None

Lost Circulation zones anticipated: None

H2S Zones Anticipated: None

Maximum Bottom Hole Temperature: 176 F

8. ANTICIPATED STARTING DATE:

Plans are to re-enter this well as soon as possible after receiving approval. It should take approximately 10 days to re-enter this well with completion taking another 20 days.