

file

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

RECEIVED

APR 11 '90

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240  
DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210  
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

API NO. (assigned by OCD on New Wells)  
**30-015-26334**  
5. Indicate Type of Lease  
STATE ☐ FEE ☒  
6. State Oil & Gas Lease No.

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 ☐ SINGLE ZONE ☒ MULTIPLE ZONE ☐  
2. Name of Operator  
Yates Energy Corporation  
3. Address of Operator  
P. O. Box 2323, Roswell, New Mexico 88202-2323  
4. Well Location  
Unit Letter F : 2310 Feet From The North Line and 1980 Feet From The West Line  
Section 20 Township 24-S Range 24-E NMPM Eddy County  
10. Proposed Depth  
10,400'  
11. Formation  
Morrow  
12. Rotary or C.T.  
Rotary  
13. Elevations (Show whether DF, RT, GR, etc.)  
4287.9 GR  
14. Kind & Status Plug. Bond  
Nationwide  
15. Drilling Contractor  
unknown  
16. Approx. Date Work will start  
May 1, 1990  
17. Crooked Creek (Morrow)

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+	350'	350	circulate
12 1/4"	8 5/8"	24 - 32	2600'	1100	circulate
7 7/8"	4 1/2" - 5 1/2"	11.6 - 17.0	TD	450	3000' of fill

MUD PROGRAM

0 - 350' FW spud mud  
350 - 2,600' FW/cut brine  
2,600 - 8,500' Cut brine  
8,500 - 10,400' SW gel/Polymer

BOP PROGRAM

BOP and Hydrill on 8 5/8" casing, pipe rams tested daily, and blind rams tested on trips.

GAS NOT DEDICATED

Post ID-1  
4-20-90  
New Loc & API

APPROVAL VALID FOR 180 DAYS  
10/13/90  
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 Sharon R. Hamilton TITLE Landman DATE 4/10/90  
TYPE OR PRINT NAME Sharon R. Hamilton TELEPHONE NO. 623-4935

(This space for State Use)  
ORIGINAL SIGNED BY  
MIKE WILLIAMS  
SUPERVISOR, DISTRICT II

APR 13 1990

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_  
NOTIFY N.M.O.C.D. IN SUFFICIENT TIME TO ALLOW CEMENTING THE

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