

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

State of New Mexico
Geology, 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

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

APR 23 '90

API NO. (assigned by OCD on New Wells)

30-005-62778

5. Indicate Type of Lease

STATE ☒

FEE ☐

6. State Oil & Gas Lease No.

V - 2968

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work:

DRILL ☒

RE-ENTER ☐

DEEPEN ☐

ARTESIA, OFFICE

PLUG BACK ☐

b. Type of Well:

OIL
WELL ☐

GAS
WELL ☒

OTHER ☐

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

7. Lease Name or Unit Agreement Name

Middle Creek State Unit

2. Name of Operator

Yates Petroleum Corporation

8. Well No.

3

3. Address of Operator

105 South Fourth Street, Artesia, New Mexico

9. Pool name or Wildcat

Undesignated W. Pecos Slope Abo

4. Well Location

Unit Letter L : 1650 Feet From The South Line and 660 Feet From The West Line

Section 28 Township 8 South Range 23 East NMPM Chaves County

10. Proposed Depth

3400'

11. Formation

Abo

12. Rotary or C.T.

Rotary

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

3805' GR

14. Kind & Status Plug. Bond

Blanket

15. Drilling Contractor

Undesignated

16. Approx. Date Work will start

ASAP

17.

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24# J-55	Approx. 825'	400 sacks	Circulate
7-7/8"	4-1/2"	9.5# K055	TD	300 sacks	

We propose to drill and test the Abo and intermediate formation. Approximately 825' of surface casing will be set and cement circulated. If commercial, production casing will be ran and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: FW Gel/LCM to 825', Brine 3000', S. Gel/Starch to TD.

BOP PROGRAM: BOP's will be installed to the offset and tested daily.

GAS NOT DEDICATED

APPROVAL VALID FOR 180 DAYS
10/24/90
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

Clifton R. May

TITLE

Permit Agent

DATE 4-20-90

(505)

TYPE OR PRINT NAME

Clifton R. May

TELEPHONE NO. 748-1471

(This space for State Use)

ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

APPROVED BY

TITLE

DATE

APR 24 1990

CONDITIONS OF APPROVAL, IF ANY:

NOT VALID FOR SUFFICIENT
85/2

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WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator YATES PETROLEUM CORPORATION			Lease MIDDLE CREEK STATE UNIT		Well No. 3
Unit Letter L	Section 28	Township 8 South	Range 23 East	County NMPM Chaves	
Actual Footage Location of Well: 1650 feet from the South line and 660 feet from the West line					
Ground level Elev. 3805	Producing Formation Ghc		Pool UNDESIGNATED W. Pools Section A60		Dedicated Acreage: 160 Acres

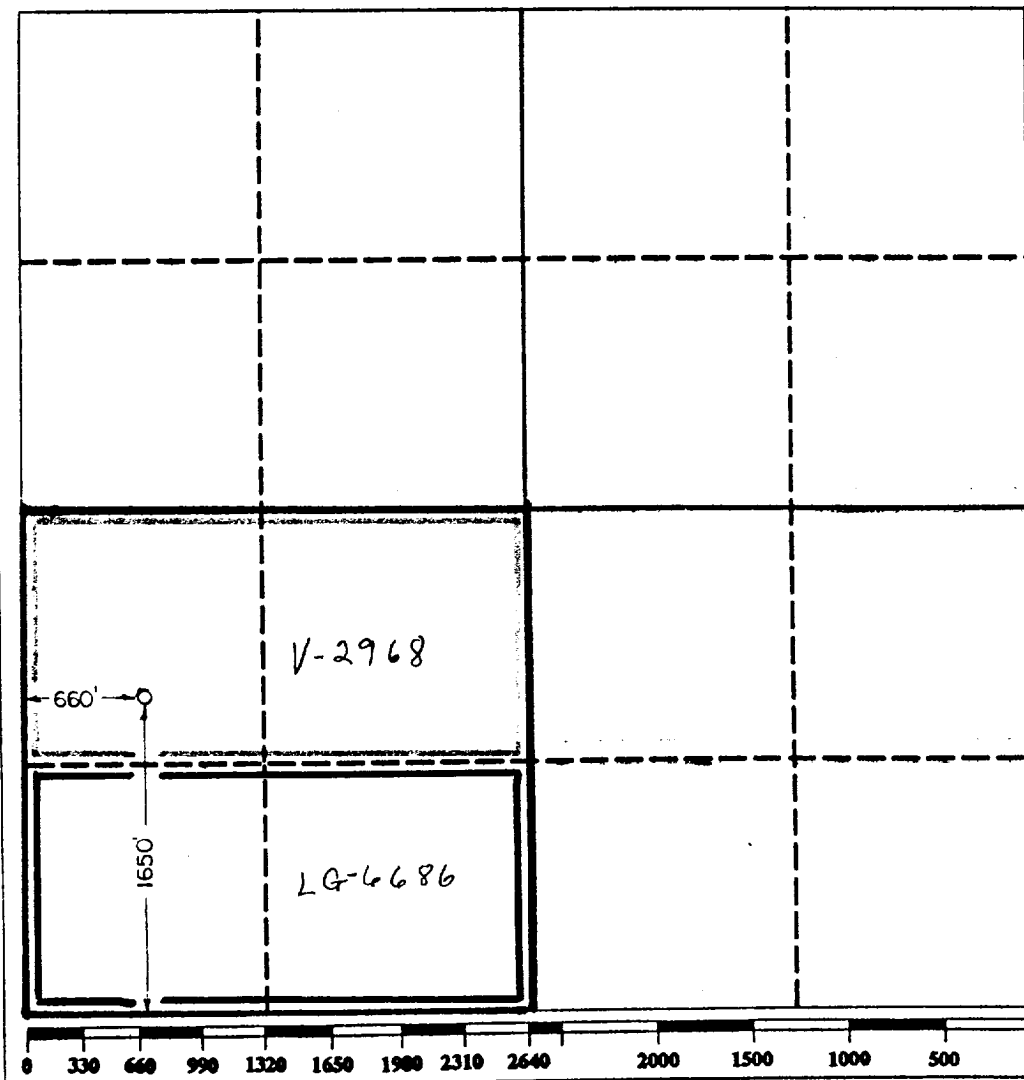
1. Outline the acreage dedicated to the subject well by colored pencil or hectare marks on the plat below.

2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).

3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?

☒ Yes ☐ No If answer is "yes" type of consolidation UNITIZATION
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature Clifton R. May
Printed Name Clifton R. May
Position Permit Agent
Company Yates Petroleum Corporation
Date 4-20-90

SURVEYOR CERTIFICATION

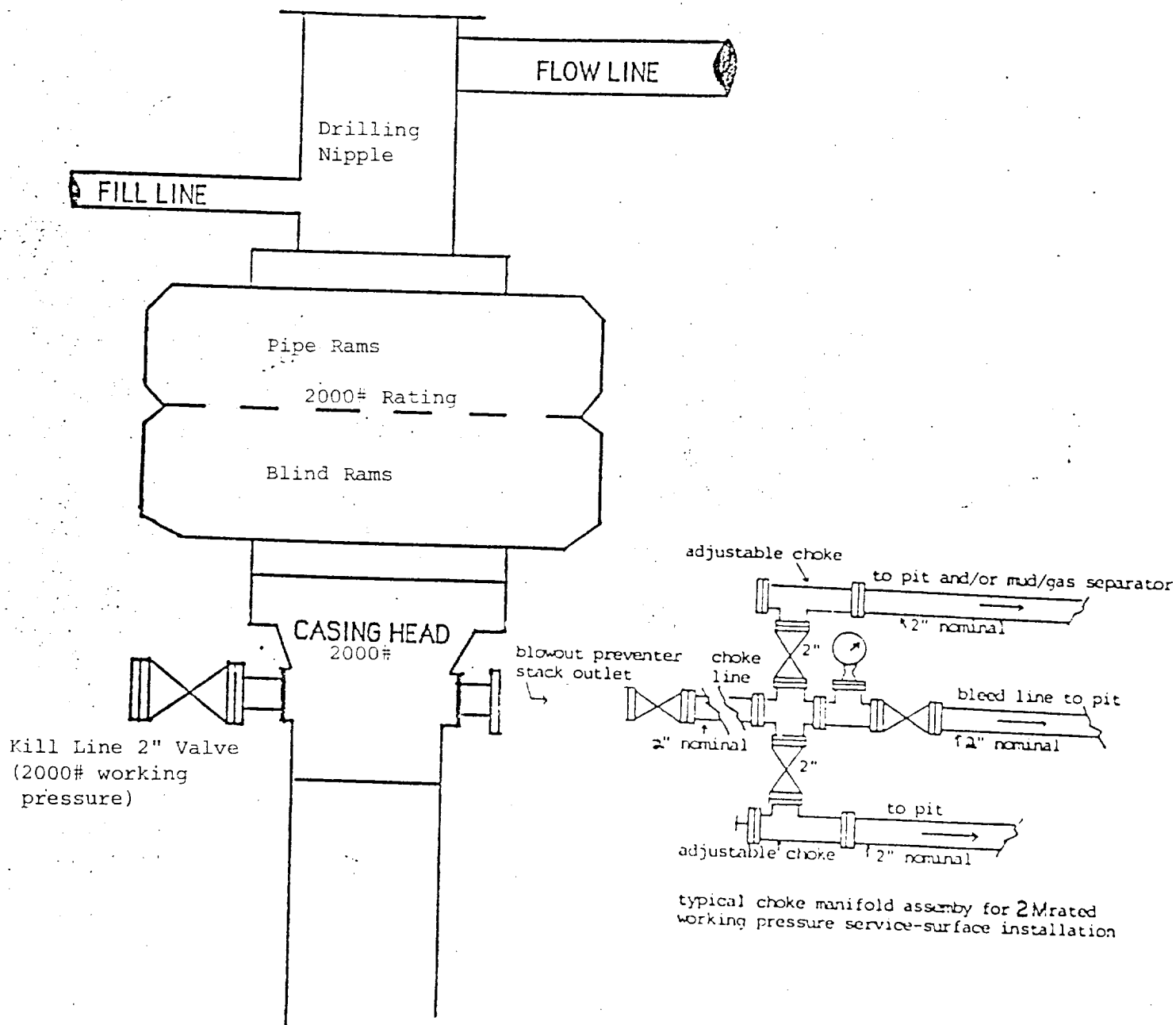
I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed 4/6/90

Signature & Seal of Professional Surveyor



YATES PETROLEUM CORPORATION



**BLOWOUT PREVENTER
2M SYSTEM**

typical choke manifold assembly for 2M rated working pressure service-surface installation