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SEP 1 1981

O C D

5A. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
5. State Oil & Gas Lease No. LG - 250
7. Unit Agreement Name
8. Form or Lease Name Margaret "RO" State
9. Well No. 1
10. Field and Pool, or Wildcat Undes. Abo
12. County Chaves

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Type of Work  
Type of Well DRILL ☒ DEEPEN ☐ PLUG BACK ☐  
WELL ☐ GAS WELL ☒ OTHER ☐ SINGLE ZONE ☐ MULTIPLE ZONE ☐

Name of Operator  
Yates Petroleum Corporation ✓

Address of Operator  
207 South 4th St., Artesia, NM 88210

Location of Well  
UNIT LETTER K LOCATED 1980 FEET FROM THE South LINE  
1980 FEET FROM THE West LINE OF SEC. 36 TWP. 4S R. 24E

19. Proposed Depth Approx. 4350'	19A. Formation Abo	19. Rotary or C.T. Rotary
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Elevations (Show whether DT, RT, etc.) 3932.1 GR	21A. Kind & Status Plug. Bond Blanket	21B. Drilling Contractor LaRue Drilling	22. Approx. Date Work will start ASAP
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PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
15"	10 3/4"	40.5# J-55	Approx. 925	875	circulate
6 1/2 or 7 7/8"	4 1/2 or 5 1/2"	10.5# or 15.5#	TD	350	

We propose to drill and test the Abo and intermediate formations. Approximately 880' of surface casing will be set and cement circulated to shut off gravel and casing. If needed (lost circulation) 7 5/8" intermediate casing will be run to 1500' and cemented with enough cement calculated to tie back into the surface casing. Temperature survey will be run to determine cement top. If commercial, production casing will be run and cemented with adequate cover, perforate, and stimulate as needed for production.

MUD PROGRAM: FW gel and LCM to 1500', Brine to 3300', Drispak, Starch, Flosal, TD.  
MW 10-10.2, Vis 31-33, WL 20-10.

BOP PROGRAM: BOP's will be installed on 8 5/8" casing and tested daily.

GAS NOT DEDICATED.

APPROVAL VALID FOR 180 DAYS  
PERMIT EXPIRES 3-22-82  
UNLESS DRILLING UNDERWAY

ABOVE SPACE DESCRIBE PROPOSED PROGRAM; IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRO-  
DUCE. 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.

*Glenn K. Rieger* Title Regulatory Manager Date 9-17-81  
(This space for State Use)

APPROVED BY *W. A. Gressett* TITLE SUPERVISOR, DISTRICT II DATE SEP 22 1981  
REASONS OF APPROVAL, IF ANY: