

SEP 3 1982

O. C. D.

ARTESIA, OFFICE

30-005-61472

Form C-101
Revised 10-1-78

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5A. Indicate Type of Lease

STATE ☐FEED ☒

6. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

Spool "SU" Com

9. Well No.

1

10. Field and Pool, or Wildcat

Pecos Slope Abo

11. County

Chaves

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

Type of Work

Type of Well

DRILL ☒DEEPEN ☐PLUG BACK ☐OIL WELL ☐GAS WELL ☒

OTHER

SINGLE ZONE ☐MULTIPLE ZONE ☐

Name of Operator

Yates Petroleum Corporation

Address of Operator

207 S. 4th, Artesia, New Mexico 88210

Location of Well

UNIT LETTER N

LOCATED 660'

FEET FROM THE South

LINE

1980'

FEET FROM THE West

LINE OF SEC. 14

TWP. 7S

RGE. 25E

NADP

Elevations (Show whether DT, RL, etc.)

3685.2' GL

21A. Kind & Status Plug. Bond

Blanket

19. Proposed Depth

4150'

19A. Formation

Abo

20. Rotary or C.R.

Rotary

21B. Drilling Contractor

not determined

22. Approx. Date Work will start

ASAP

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
14 3/4"	10 3/4"	48# J-55	appr. 850'	600 sx	circulated
7 7/8"	4 1/2"	9.5#	TD	350 sx	

We propose to drill and test the Abo and intermediate formations. Approximately 850' of surface casing will be set and cement circulated to shut off gravel and caving. If needed (lost circulation) 8 5/8" intermediate casing will be run to 1500' and cemented with enough cement calculated to tie back into the surface casing. 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 850', KCL & starch to 3500', Brine & KCL water to TD.

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

GAS NOT DEDICATED.

APPROVAL VALID FOR 180 DAYS

PERMIT EXPIRES 3/6/83

UNLESS DRILLING UNDERWAY

BOVE 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.

by Ken Beardsley Title Regulatory Coordinator

Date 9/2/82

(This space for State Use)

APPROVED BY Leslie A. Clements TITLE SUPERVISOR, DISTRICT IIDATE SEP 7 1982

CONDITIONS OF APPROVAL, IF ANY:

Notify N.M.O.C.C. in sufficient
time to witness cementing
the 10 3/4" casing