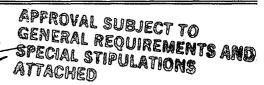
OCD-HOBBS Form 3160-3 OMB No. 1004-0136 ♥(August 1999) UNITED STATES Expires November 30, 2000 DEPARTMENT OF THE INTERIOR 5. Lease Serial No. NM-94095 BUREAU OF LAND MANAGEMENT 6. If Indian, Allottee or Tribe Name APPLICATION FOR PERMIT TO DRILL OR REENTER Not Applicable 7. If Unit or CA Agreement, Name and N DRILL 1a. Type of Work: 內 REENTER R-111-POTASH Not Applicable 8. Lease Name and Well No. 3441 Single ___ b. Type of Well: V Oil Multiple Zone Caper BFE Federal #14 9. API Well No. 2. Name of Operator 30-825-380 Yates Petroleum Corporation 3b. Phone No. (include area code) 10. Field and Pool, or Exploratory 105 South Fourth Street 3A. Address Artesia, New Mexico 88210 (505) 748-1471 Wildcat Bone Spring 4. Location of Well (Report location clearly and in accordance with any State requirements.*) 11. Sec., T., R., M., or Blk, and Survey or A 2310' FSL & 330' FEL. Unit Letter I At surface same as above 990: At proposed prod. Zo Section 17, T21S-R32E 14. Distance in miles and direction from nearest town or post office* 12. County or Parish 13. State 37 miles northeast of Carlsbad, New Mexico Lea County New Mexico 15. Distance from proposed 17. Spacing Unit dedicated to this well 16. No. of Acres in lease location to nearest property or lease line, ft. (Also to nearest drig. unit line, if any) 990' 640 40 acres Distance from proposed location* to nearest well, drilling, completed, applied for, on this lease, ft. 19. Proposed Depth 20. BLM/BIA Bond No. on file 330' 8750' NM-2811 21. Elevations (Show whether DF, KDB, RT, GL, etc.) 22. Approximate date work will start* 23. Estimated duration 3683' GL ASAP 40 Days Carlobad Controlled Water Beatle 24. Attachments The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1, shall be attached to flus form: 1. Well plat certified by a registered surveyor. Bond to cover the perations unless covered by an existing bond on 2. A Drilling Plan. Item 20 above). Operator certification. 3. A Surface Use Plan (if the location is on National Forest System La diomand Applans as may be required SUPO shall be filed with the appropriate Forest Service Office. Such other site specific info authorized office 25. Signature Name (Printed/Typed) 4/19/2006 Clifton R. May Title: Regulatory Agent Approved by (Signature) Name (Printed/Typed)
/s/ Linda S.C. Rundell 2006 1 7 2006 /s/ Linda S.C. Rundell Title STATE DIRECTOR Office NM STATE OFFICE Application approval does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle APPROVAL FOR 1 YEAR operations thereon. Conditions of approval, if any, are attached. Title 18 U.S.C. Section 1001and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*(Instructions on reverse) **C-144 attached to APD for drilling pits

Witness Surface & Intermediate Casing



Form 3 160-5 (August 1999)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-HOBBS

FORM APPROVED OMB No. 1004-0135 Expires Inovember 30, 2000

6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

NM-94095

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or reenter an

abandoned well.	Use Form 3160-3 (APD) for	such proposals.		
A 1980	ICATE Other instructio	ns on reverse si	DESCRIPTION OF PROPERTY AND ADDRESS.	If Unit or CA/Agreement, Name and/o
1. Type of Well	Пол		-	Well Name and No.
2. Name of Operator	Other			
•	ates Petroleum Corporation	n	-	Caper BFE Federal #14 API Well No.
3a. Add		Phone No. (include ar		30-025-38099
		•		Field and Pool, or Exploratory Area
105 South Fourth Street,4. Location of Well (Footage, Sec.,)		(505) 748-147	10.	
·		17 TO40 DOOF	11	Wildcat Delaware County or Parish, State
2310° FSL & 99	90' FEL, Unit Ltr I;Section 1	17-1215-R32E	111.	County or Parish, State
				Lea County, New Mexico
12. CHECK APPRO	PRIATE BOX(ES) TO INDICA	TE NATURE OF NO	TICE, REPORT	T, OR OTHER DATA
TYPE OF SUBMISSION		TYPE OF A	ACTION	
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair Chance Place	Deepen Fracture Treat New Construction	Production (State Reclamation Recomplete Temporarily Al	Well Integrity Other Move
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Abandon Plug Back	Water Disposal	
new footages of 2310' FSL &	on wishes to move this well & 990' FEL. A new C-102 i	from the original s	staked location	on of 2310' FSL & 330' FEL to
14. I hereby certify that the foregoing	g is true and correct			
Name (Printed/Typed) Clifton	R. May	Title	Regulator	y Agent
Signature Signature) M	Date		
Cliffin N	THIS SPACE FOR	EDERAL OR STATE	June 28	, 2006
Approved by /s/ Linda S.		STATE DIRE		Date AUG 1 7 2006
			CIUK	AUG 1 7 2008
Conditions of approval, if any, are attached certify that the applicant holds legal or equ which would entitle the applicant to conduc	titable title to those rights in the subject l	nt or Office lease	nm stati	e office

DISTRICT III

State of New Mexico Energy, Minerale and Natural Bessurees Department

Form C-102 vised March 17, 1999 instruction on back Summit to Appropriate Bistriot Office State Lease - 4 Copies Fee Lease - 3 Copies

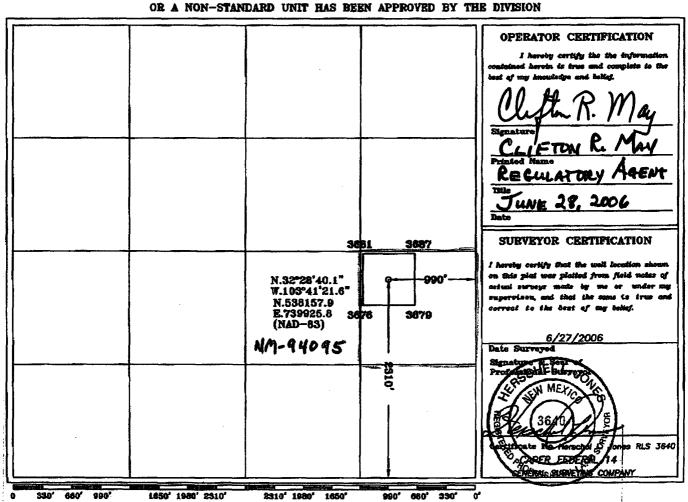
LOSS Rio Brazos Rd., Asteo, NM 87440 DISTRICT IV 2040 South Pacheco, Santa Fe, NM 87505 OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

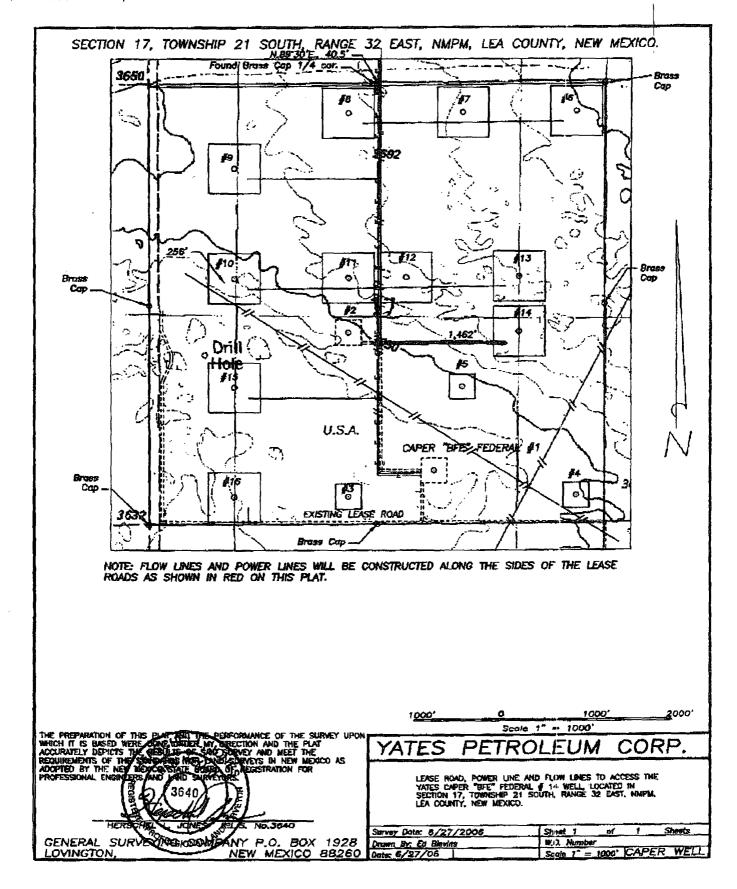
O AMENDED REPORT

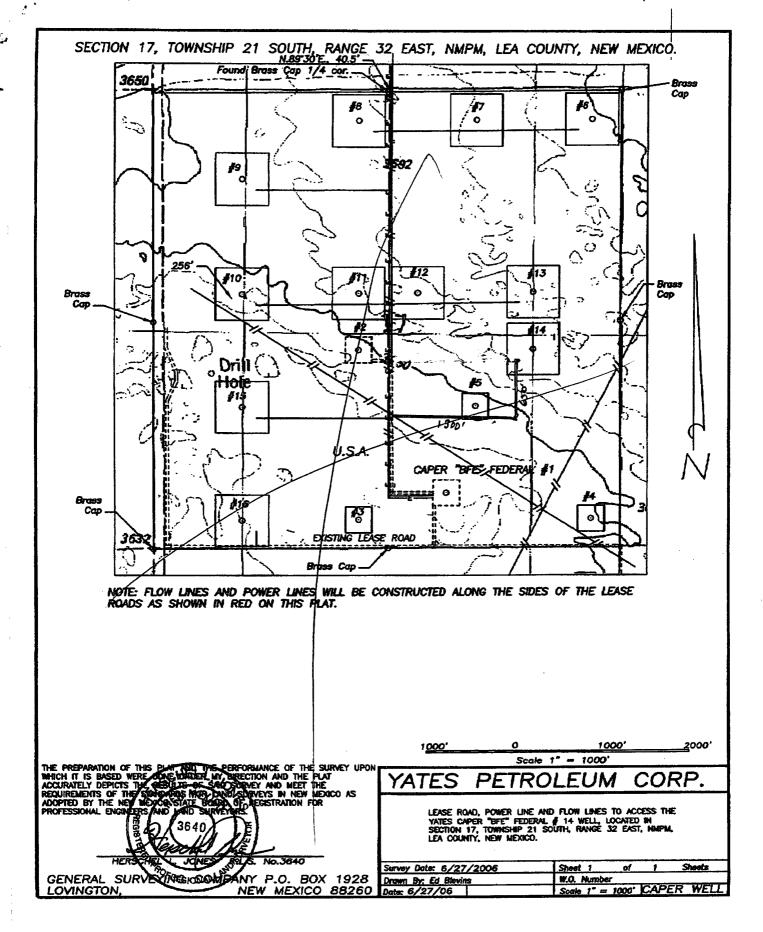
WELL LOCATION AND ACREAGE DEDICATION PLAT

30-02	Number	8099	Pool Code WILDCAY DELA				AWARE	4 WARE		
Property 9	20de		Property Name CAPER "BFE" FEDERAL					Yell Number 14		
ograd n 025575	.		Operator Name YATES PETROLEUM CORPORATION						Elevation 3678	
					Surface Loc	ation		•		
UL or lot No.	Section	Township	Rango	Lot idn	Feet from the	North/South line	Peet from the	East/West line	County	
1	17	215	32E	 	2310	SOUTH	990	EAST	LEA	
			Bottom	Hole Lo	cation If Diffe	rent From Sur	face			
UL or lot No.	Section	Township	Range	Lot Idm	Post from the	North/South line	Feet from the	East/West line	County	
Pedicated Acres	Joint o	r Infili Co	nsolidation (Code Or	der No.	<u> </u>			<u> </u>	

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED







~~~~~~~,

DISTRICT I 1658 M. French Dr., Hobbs, NM 88840 DISTRICT II 811 South First, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV 2040 South Pacheco, Santa Fe, NM 87505

DISTRICT III

Dedicated Acres

40

Joint or Infill

#### State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102 Revised March 17, 1999 Instruction on back Submit to Appropriate District Office State Lease - 4 Copies

State Lease — 4 Copies
Fee Lease — 3 Copies

#### OIL CONSERVATION DIVISION P.O. Box 2088

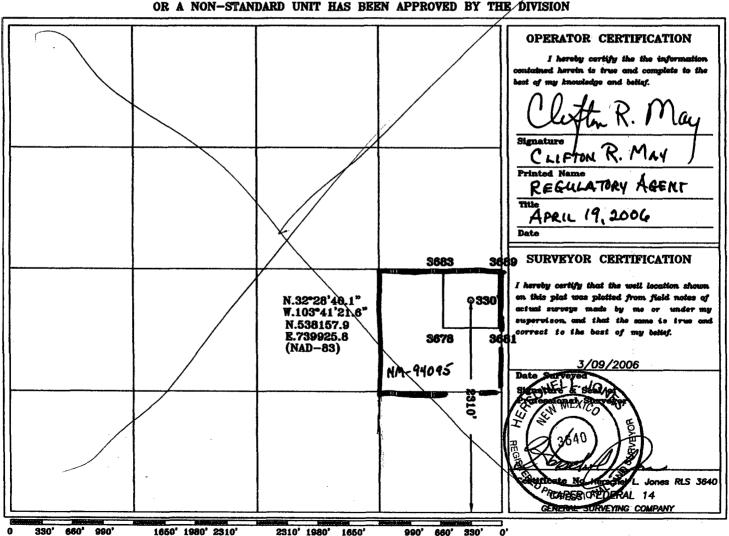
Santa Fe. New Mexico 87504-2088

☐ AMENDED REPORT

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

| API           | Number  |          | 1                                         | Pool Code |                 | WILDCAT BONE SPRING |               |                   |        |
|---------------|---------|----------|-------------------------------------------|-----------|-----------------|---------------------|---------------|-------------------|--------|
| Property      | Code    |          | Property Name  CAPER "BFE" FEDERAL.       |           |                 |                     |               | Well Number<br>14 |        |
| 025575        |         |          | Operator Name YATES PETROLEUM CORPORATION |           |                 |                     |               | Revation<br>3683  |        |
|               |         |          |                                           |           | Surface Loca    | ation               |               |                   |        |
| UL or lot No. | Section | Township | Range                                     | Lot Idn   | Feet from the   | North/South line    | Feet from the | East/West line    | County |
| 1             | 17      | 215      | 21S 32E 2310 SOUTH 330                    |           |                 |                     |               | EAST              | LEA    |
|               | -       |          | Bottom                                    | Hole Lo   | cation if Diffe | rent From Sur       | face          |                   |        |
| UL or lot No. | Section | Township | Range                                     | Lot Idn   | Feet from the   | North/South line    | Feet from the | East/West line    | County |

## NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



<u>District I</u> 1625:N. French Dr., Hobbs, NM 88240 District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Road, Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

#### State of New Mexico Energy Minerals and Natural Resources

Oil Conservation Division 1220 South St. Francis Dr.

For drilling and production facilities, submit to appropriate NMOCD District Office.

For downstream facilities, submit to Santa Fe office

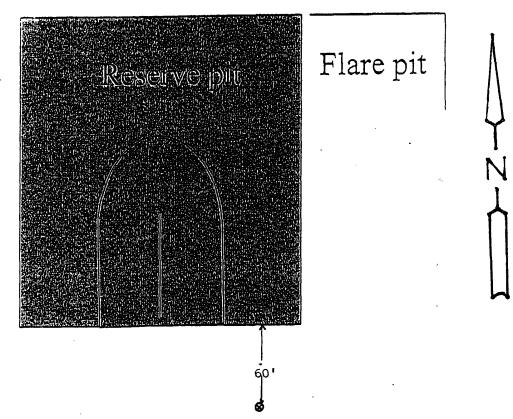
Form C-144 March 12, 2004

## Santa Fe, NM 87505 Pit or Below-Grade Tank Registration or Closure Is pit or below-grade tank covered by a "general plan"? Yes No

| Type of action: Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | egistration of a pit or below-grade tank of a pit or below-grade tank of a pit or below-grade tank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator: Yates Petroleum Corporation Telephone: (505) 748-                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e-mail address: <u>cliff@ypcnm.cor</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 32E                                                                                                                                                                |
| Pit Type: Drilling ⊠ Production ☐ Disposal ☐  Workover ☐ Emergency ☐  Lined ☒ Unlined ☐  Liner type: Synthetic ☒ Thickness 12mil  Clay ☐ Volume 28,000bbl                                                                                                                                                                                                                                                                                                                                                              | Below-grade tank  Volume:bbl Type of fluid:  Construction material:  Double-walled, with leak detection? Yes If not, of the construction is a construction of the construction of the construction is a construction of the construc |                                                                                                                                                                    |
| Depth to ground water (vertical distance from bottom of pit to seasonal high water elevation of ground water.)                                                                                                                                                                                                                                                                                                                                                                                                         | Less than 50 feet 50 feet or more, but less than 100 feet 100 feet or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (20 points) (10 points) ( 0 points)                                                                                                                                |
| Wellhead protection area: (Less than 200 feet from a private domestic water source, or less than 1000 feet from all other water sources.)                                                                                                                                                                                                                                                                                                                                                                              | Yes No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (20 points)                                                                                                                                                        |
| Distance to surface water: (horizontal distance to all wetlands, playas, irrigation canals, ditches, and perennial and ephemeral watercourses.)                                                                                                                                                                                                                                                                                                                                                                        | Less than 200 feet 200 feet or more, but less than 1000 feet  1000 feet or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (20 points) (10 points) (0 points)                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Ranking Score (Total Points)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0 points                                                                                                                                                           |
| If this is a pit closure: (1) attach a diagram of the facility showing the pit's ronsite  offsite  If offsite, name of facility date. (4) Groundwater encountered: No  Yes  If yes, show depth below diagram of sample locations and excavations.  I hereby certify that the information above is true and complete to the best has been/will be constructed or closed according to NMOCD guideline.  Date: April 19,2006  Printed Name/Title Clifton R. May/Regulatory Agent/Land Department  Email: _cliff@ypcnm.com | (3) Attach a general description of remedial action w ground surface ft. and attach sample r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n taken including remediation start date and end results. (5) Attach soil sample results and a ne above-described pit or below-grade tank tive OCD-approved plan . |
| Your certification and NMOCD approval of this application/closure does not otherwise endanger public health or the environment. Nor does it relieve to regulations.  Approval:  Date:  Printed Name/Title  AUG 2 9 2006  PETROLEUM EN                                                                                                                                                                                                                                                                                  | the operator of its responsibility for compliance with ar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <i>^</i>                                                                                                                                                           |

#### YATES PETROLEUM CORPORATION General Plan was approved 4/15/04

The reserve pit will be to the north. The southeast corner of the pit will be approximately 60' north of the well bore. The pit will be a 175' X 150' and 6' deep with a capacity of 28,000 bbls.



Standard reserve pit. All Reserve pits are double Horse shoe size varies with depth of well

DISTRICT I 1689 M. Prunch Dr., Hobba, NM 68840 DISTRICT II 811 South First, Artesia, NM 68210 DISTRICT III

1000 Rio Brazos Rd., Asteo, NM 87410

DISTRICT IV 2040 South Pacheco, Santa Fe, NM 87505

#### State of New Mexico

Energy, Minerals and Natural Resources Department

Form C-102

Bevised March 17, 1999
Instruction on back
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

## OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AMENDED REPORT

#### WELL LOCATION AND ACREAGE DEDICATION PLAT

| API Number Pool Code WILDCAT BONE SPRING       |           |            |                           |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|------------------------------------------------|-----------|------------|---------------------------|--------------|---------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|--|
| Property C                                     | Code      | l          | Property Name Well Number |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
|                                                |           |            | CAPER "BFE" FEDERAL       |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| ogrid No<br>025575                             | <b>D.</b> |            |                           | YATE         | Operator N<br>S PETROLEUM |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3683                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | tion.         |  |
| Surface Location                               |           |            |                           |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| UL or lot No.                                  | Section   | Township   | Range                     | Lot Idn      | Feet from the             | North/South line | Feet from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | East/West line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County        |  |
| ,                                              | 17        | 215        | 32E                       |              | 2310                      | SOUTH            | 330                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EAST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | LEA           |  |
| Bottom Hole Location If Different From Surface |           |            |                           |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| UL or lot No.                                  | Section   | Township   | Range                     | Lot Idn      | Feet from th              | North/South line | Feet from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | East/Vest line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | County        |  |
|                                                |           |            |                           |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>      |  |
| Dedicated Acres                                | Joint o   | r infill C | Consolidation (           | Code 0       | rder No.                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| ·····                                          | <u> </u>  |            |                           |              |                           |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
| NO ALLO                                        | WABLE V   |            |                           |              |                           | UNTIL ALL INTE   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EEN CONSOLID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ATED          |  |
|                                                | ·         | OK A       | NON-STAIN                 | DARD 0       | IVII NAS DEE              | N AFFROVED BI    | THE DIVISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |
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| <b> </b>                                       |           |            |                           | 1            |                           |                  | Clifton                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R. Mav                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ノー            |  |
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|                                                |           |            |                           |              |                           |                  | PRAPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | BIOREDERAL 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |  |
| <u> </u>                                       |           |            |                           | <u> </u>     |                           |                  | GENERAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | SURVEYING COMPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>wr</u>     |  |
| 0 330, 660                                     | , 880,    | 1650' 1    | 980' 2310'                | 2310         | 1980' 1650'               | 330, 860, 330,   | o,<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |  |

## YATES PETROLEUM CORPORATION Caper BFE Federal #14

2310' FSL and 330' FEL Section 17-T21S-R32E Lea County, New Mexico

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

| ologio markoro | are as removes.                  |                                        |
|----------------|----------------------------------|----------------------------------------|
| 1028'          | Brushy Canyon                    | 6703'                                  |
| 1114'          | Bone Spring                      | 8463'                                  |
| 4180'          | TD                               | 8750'                                  |
| 4482'          |                                  |                                        |
| 5396'          |                                  |                                        |
|                | 1028'<br>1114'<br>4180'<br>4482' | 1114' Bone Spring<br>4180' TD<br>4482' |

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

Water:

200'to 500'

Oil or Gas: All potential formations.

3. Pressure Control Equipment: BOPE will be installed on the 13 3/8' casing and the 8 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)

| Hole Size | Casing Size | Wt./Ft | <u>Grade</u> | Coupling | <u>Interval</u> | <u>Length</u> |
|-----------|-------------|--------|--------------|----------|-----------------|---------------|
| 17.5"     | 13.375"     | 48#    | H-40         | ST&C     | 0-1050'         | 1050'         |
| 11.0"     | 8.625"      | 32#    | J-55         | ST&C     | 0-100'          | 100'          |
| 11.0"     | 8.625"      | 24#    | J-55         | ST&C     | 100-2100'       | 2000'         |
| 11.0"     | 8.625"      | 32#    | J-55         | ST&C     | 2100-4250'      | 2150'         |
| 7. 875"   | 5.5"        | 17#    | L-80         | LT&C     | 0-100'          | 100'          |
| 7. 875"   | 5.5"        | 15.5#  | J-55         | LT&C     | 100-7500'       | 7400'         |
| 7. 875"   | 5.5"        | 17#    | J-55         | LT&C     | 7500-8750'      | 1250'         |

- 1. Minimum Casing Design Factors: Collapse 1.125, Burst 1.0, and Tensile Strength 1.8
- 2. A 3,000 psi BOP will be nippled up on the 13 3/8" and the 8 5/8" casing and tested to 3000 psi.
- B. CEMENTING PROGRAM:

#### Caper BFE Federal #14

Surface Casing: Cement with 750 sx C Lite (YLD 1.98 WT 12.5). Tail in with 200 sx class "C" (YLD 1.34 WT 14.8).

Intermediate Casing: 1100 sx HalLitePPSBM (YLD 1.98 WT 12.5) and tail in with 200 sx (YLD 1.34 WT 14.8)

Production Casing: Stage I: 925 sx super H (YLD 1.72 WT 13). TOC 4200'. Stage II: 600 sx interfill C (YLD 2.41 WT 11.9. Tail in with 100 sx Premuim Plus (YLD 1.34 WT 14.8. Cement Circulated.

#### 5. MUD PROGRAM AND AUXILIARY EQUIPMENT:

| <u>Interval</u> | <u>Type</u> | <u>Weight</u> | <u>Viscosity</u> | Fluid Loss |
|-----------------|-------------|---------------|------------------|------------|
| 0-1050'         | FW Gel      | 8.4-9.2       | 32-34            | N/C        |
| 1050'-4250'     | Brine       | 10-10.2       | 28               | N/C        |
| 4250'-TD        | . FW        | 8.4-8.5       | 28               | N/C        |

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. Rig personnel will check mud hourly.

#### 6. EVALUATION PROGRAM:

Samples: 10' samples out from under surface casing.

Logging: Platform Express; CMR

Coring: None

DST's: As warranted

#### 7. ABNORMAL CONDITIONS, BOTTOM HOLE PRESSURE, AND POTENTIAL HAZARDS:

**Anticipated BHP:** 

Anticipated Max. BHP: From: 0 TO: 1050' 500 PSI 500' 4200' Anticipated Max. BHP: 2255 PSI From: TO: Anticipated Max. BHP: From: 4200 TO: 8650' 3870 PSI

Abnormal Pressures Anticipated: None

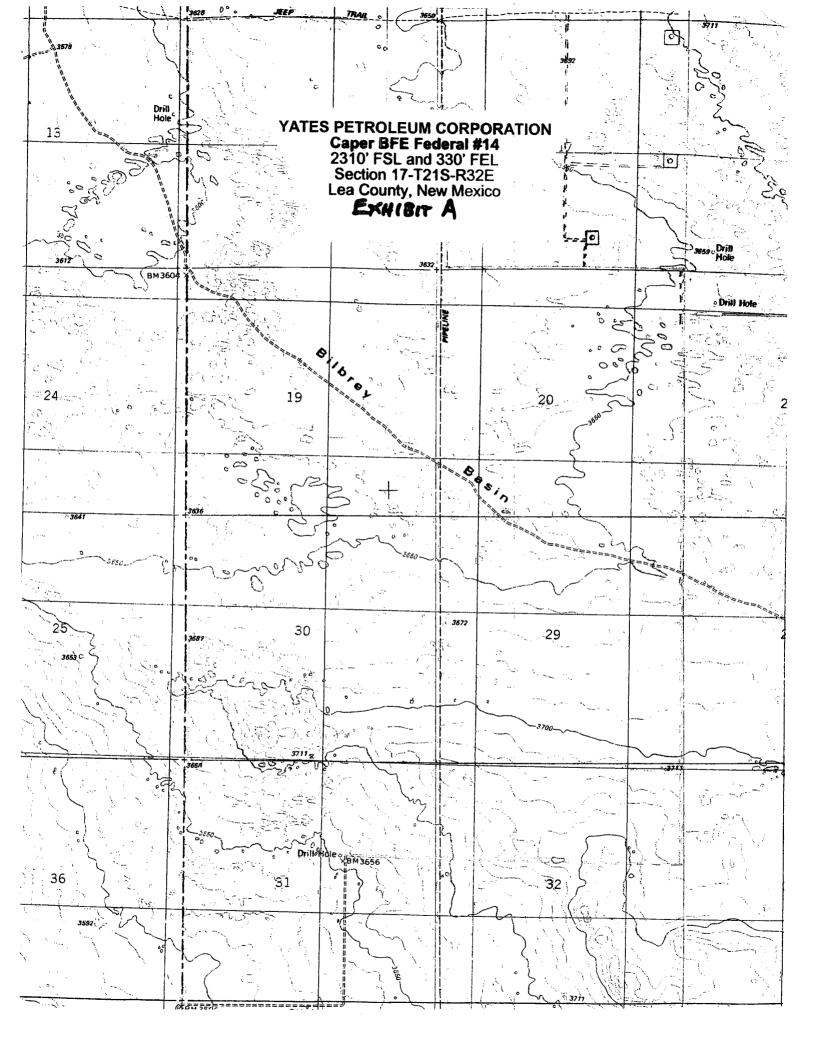
Lost Circulation Zones Anticipated: None.

H2S Zones Anticipated: None Anticipated

Maximum Bottom Hole Temperature: 158 F

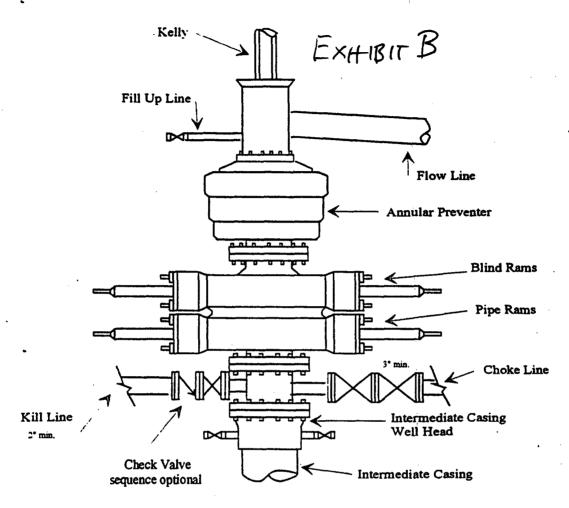
#### 8. ANTICIPATED STARTING DATE:

Plans are to drill this well as soon as possible after receiving approval. It should take approximately 40 days to drill the well with completion taking another 40 days.

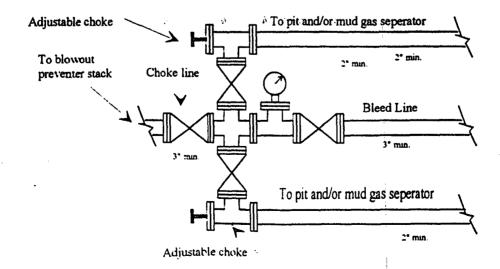


#### Yates Petroleum Corporation

Typical 3,000 psi Pressure System
Schematic
Annular with Double Ram Preventer Stack

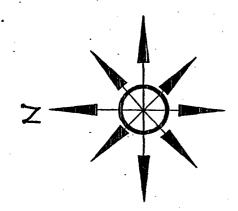


Typical 3,000 psi choke manifold assembly with at least these minimun features

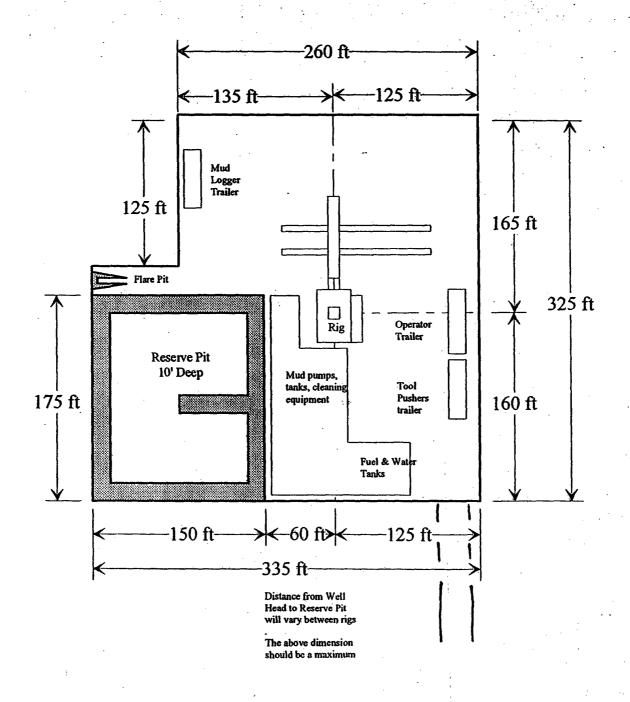


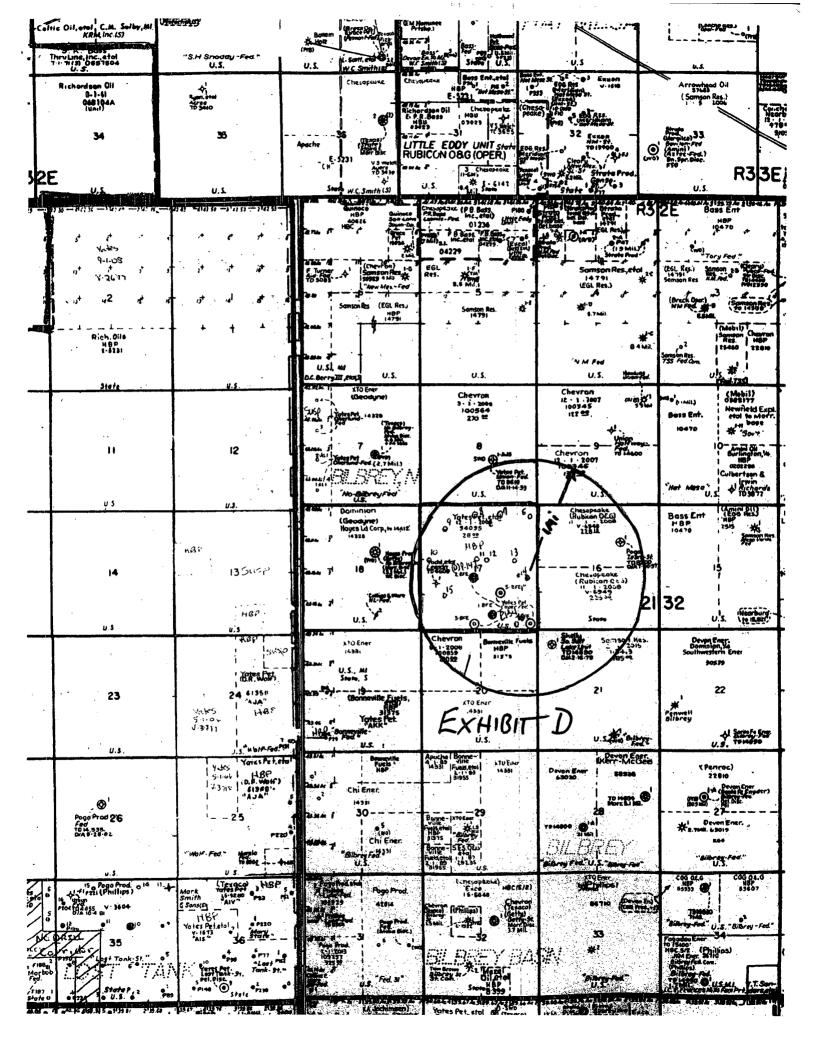
# Yates Petroleum Corporation Location Layout for Permian Basin

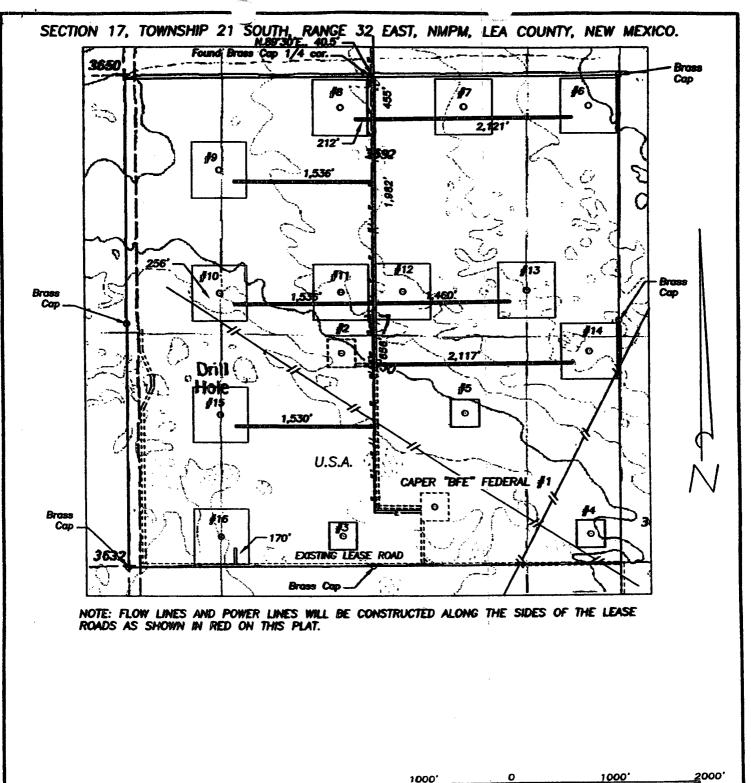
Up to 12,000'



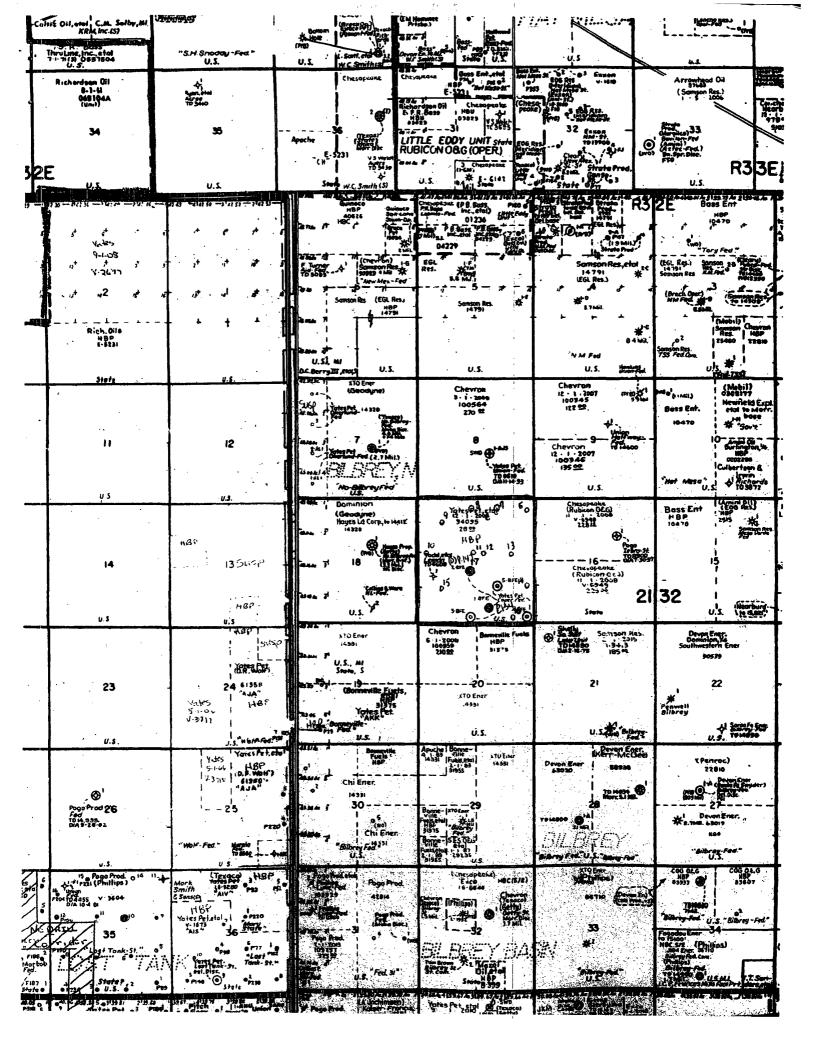
## EXHIBIT C







1000 Scale 1" = 1000' THE PREPARATION OF THIS PLAT AND THE PERFORMANCE OF THE SURVEY UPON WHICH IT IS BASED WERE DOME OFFICE AND DIRECTION AND THE PLAT ACCURATELY DEPICTS THE RESAURSLES SAID SURVEY AND MEET THE REQUIREMENTS OF THE PLANDARDS FOR LABS SURVEYS IN NEW MEXICO AS ADOPTED BY THE NEW MEXICO STATE PLANDARD OF REGISTRATION FOR CORP. YATES PETROLEUM REQUIREMENTS OF THE STA ADOPTED BY THE NEW MER PROFESSIONAL ENGINEERS LEASE ROAD, POWER LINE AND FLOW LINES TO ACCESS THE YATES CAPER "BFE" FEDERAL #6, 7, 8, 9, 10, 11, 12, 13, 14, 15, & 16 WELLS, LOCATED IN SECTION 17, TOWNSHIP 21 SOUTH, RANGE 32 EAST, NMPM, LEA COUNTY, NEW MEXICO. No.3640 Sheet 1 Survey Date: 3/07-09/2006 EXING COMPANY P.O. BOX 1928 NEW MEXICO 88260 Drown By: Ed Blevins
Date: 3/09/06 W.O. Number **GENERAL** Scale 1" = 1000' CAPER WELL LOVINGTON, NEW MEXICO 88260



#### CONDITIONS OF APPROVAL - DRILLING

Well Name & No. Operator's Name:

14 – CAPER BFE FEDERAL YATES PETROLEUM CORP

Location:

2310' FSL & 990' FEL - SEC 17 - T21S - R32E - LEA COUNTY

Lease:

NM-94095

#### I. DRILLING OPERATIONS REQUIREMENTS:

1. The Bureau of Land Management (BLM) is to be notified at the Roswell Field Office, 2909 West Second St., Roswell NM 88201, (505) 627-0272 for wells in Chaves and Roosevelt Counties; the Carlsbad Field Office, 620 East Greene St., Carlsbad, NM 88220, (505) 234-5909 or (505) 361-2822 (After hours) - for wells in Eddy County; and the Hobbs Field Station, 414 West Taylor, Hobbs NM 88240, (505) 393-3612 for wells in Lea County, in sufficient time for a representative to witness:

- A. Spudding
- B. Cementing casing: <u>13-3/8</u> inch <u>8-5/8</u> inch <u>5-1/2</u> inch
- C. BOP tests
- 2 Unless the production casing has been run and cemented or the well has been properly plugged, the drilling rig shall not be removed from over the hole without prior approval.
- 3. Submit a Sundry Notice (Form 3160-5, one original and five copies) for each casing string, describing the casing and cementing operations. Include pertinent information such as; spud date, hole size, casing (size, weight, grade and thread type), cement (type, quantity and top), water zones and problems or hazards encountered. The Sundry shall be submitted within 15 days of completion of each casing string. The reports may be combined into the same Sundry if they fall within the same 15 day time frame.
- 4. The API No. assigned to the well by NMOCD shall be included on the subsequent report of setting the first casing string.
- 5. Gamma-Ray/Neutron logs shall be run from the base of the Salado Formation to the surface; cable speed not to exceed 30 feet per minute.

#### II. CASING:

- 1. The <u>13-3/8</u> inch surface casing shall be set at <u>1050 feet</u>, below usable water and cement circulated to the surface. If cement does not circulate to the surface the appropriate BLM office shall be notified and a temperature survey or cement bond log shall be run to verify the top of the cement. Remedial cementing shall be completed prior to drilling out that string.
- 2. The minimum required fill of cement behind the <u>8-5/8</u> inch salt protection casing is <u>circulate cement to</u> the surface.
- 3. The minimum required fill of cement behind the 5-1/2 inch production casing is <u>circulate cement to the surface.</u>
- 4. Whenever a casing string is cemented in the R-111-P Potash Area, cement shall be allowed to stand a minimum of twelve (12) hours under pressure and a total of twenty-four (24) hours before drilling the plug or initiating tests.

#### III. PRESSURE CONTROL:

- 1. All BOP systems and related equipment shall comply with well control requirements as described in Onshore Oil and Gas Order No. 2. The BOP and related equipment shall be installed and operational before drilling below the **8-5/8** inch casing shoe and shall be tested as described in Onshore Order No. 2. Any equipment failing to test satisfactorily shall be repaired or replaced.
- 2. Minimum working pressure of the blowout preventer and related equipment (BOPE) is 2000 psi.
- 3. The appropriate BLM office shall be notified in sufficient time for a representative to witness the tests.
- The tests shall be done by an independent service company.
- The results of the test shall be reported to the appropriate BLM office.
- Testing fluid must be water or an appropriate clear liquid suitable for sub-freezing temperatures. Use of drilling mud for testing is not permitted since it can mask small leaks.
- Testing must be done in a safe workman-like manner. Hard line connections shall be required.