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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Revised 1-1-65

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
L-5289

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work b. Type of Well OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Reentry <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>			7. Unit Agreement Name		
2. Name of Operator Yates Petroleum Corporation			8. Farm or Lease Name Lovelady "QC" State		
3. Address of Operator 207 S. 4th Street, Artesia, NM 88210			9. Well No. 1		
4. Location of Well UNIT LETTER G LOCATED 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE OF SEC. 16 TWP. 11S RGE. 38E NMPM			10. Field and Pool, or Wildcat East Echols Dev.		
			12. County Lea		
19. Proposed Depth 11,884		19A. Formation Devonian		20. Rotary or C.T. Reverse Unit	
21. Elevations (Show whether DF, RT, etc.) 3912' (?)		21A. Kind & Status Plug. Bond Blanket		21B. Drilling Contractor 55 Pulling Unit	
				22. Approx. Date Work will start ASAP	
23. PROPOSED CASING AND CEMENT PROGRAM					

Lease expires 3-1-81

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
in place	13 3/8"		336'	375	
12 1/2"	8 5/8"	see below	4449'	1500	
in place	5 1/2" liner		12114'	650	

Plan to reenter well & clean out to top of 8 5/8" casing stub at approximately 1000', dress off stub and tie on with 8 5/8" casing back to surface. If necessary 8 5/8" will be perforated and cemented with sufficient cement to seal casing splice. After tying onto 8 5/8" casing, hole will be cleaned out to plug across top of Devonian (approximately 11,884') and completion will be attempted in Mississippian and possible shallower intervals.

BOP will be installed at the offset.

APPROVAL VALID FOR 180 DAYS
PERMIT EXPIRES 3/18/81
UNLESS DRILLING UNDERWAY

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

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

Signed Shawn Rodriguez Title Geographer Date 2-16-81
(This space for State Use)

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE 2-16-81
CONDITIONS OF APPROVAL, IF ANY: