

NM OIL CONS. COMM. ON

Drawer DD

Artesia NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒DEEPEN ☐PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☒GAS
WELL ☐OTHER ☐

2. NAME OF OPERATOR

YATES DRILLING COMPANY

3. ADDRESS OF OPERATOR

207 SOUTH FOURTH STREET, ARTESIA, NEW MEXICO 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

330' FNL & 1980' FEL

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

25 miles north of Maljimar New Mexico

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

330'

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH

appr. 3100'

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

4433.4' GL

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/2"	8 5/8"	24# J-55	Appr. 360'	250 sx circulated
7 7/8"	5 1/2"	14#	TD	200 sx/tie back to base of salt

We propose to drill and test the Queen and intermediate formations. Approximately 400' of surface casing will be set and cement circulated to shut off gravel and caving. If commercial, production casing will be run and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: FW gel to 360', 10# Brine to TD. Mud up s/SW gel to log.

BOP PROGRAM: BOP's will be installed after setting the 8 5/8" and tested daily.

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. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED [Signature] TITLE Regulatory Agent DATE 1/31/85

(This space for Federal or State office use)

PERMIT NO. _____

APPROVAL DATE _____

APPROVED BY [Signature]

TITLE _____

DATE 2-8-85

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

FEB 14 1966

O.C.R.
HOBBS OFFICE