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SANTA FE	
FILL	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

REVISED LOCATION

5A. Indicate Type of Lease

STATE ☒FEE ☐

5. State Oil & Gas Lease No.

LG-3562

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

a. Type of Work

7. Unit Agreement Name

b. Type of Well

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

OTHER

SINGLE
ZONE ☐MULTIPLE
ZONE ☐

8. Farm or Lease Name

Vacuum North ADJ St. Com

c. Name of Operator

Yates Petroleum Corporation

9. Well No.

1

d. Address of Operator

207 South Fourth Street - Artesia, NM 88210

10. Field and Pool, or Wildcat

Undes. S. Kemnitz Atoka
Morrow

e. Location of Well

UNIT LETTER D

LOCATED 833

FEET FROM THE

North

LINE

f. 660

FEET FROM THE West

LINE OF SEC. 34

TWP. 16S

RGE. 34E

NMPM

12. County

Lea

19. Proposed Depth

13300'

19A. Formation

Morrow

20. Rotary or C.T.

Rotary

1. Elevations (Show whether DE, HI, etc.)

4008.5' GR

21A. Kind & Status Plug. Bond

Blanket

21B. Drilling Contractor

Undesignated

22. Approx. Date Work will start

ASAP

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
17-1/2"	13-3/8"	48# H-40	Approx. 550'	300 sacks	Circulate
12-1/4"	8-5/8"	24, 28 & 32#			
		K-55 & S-80	" 4600'	1600 sacks	Circulate
7-7/8"	5-1/2"	17# N-80 & S-95	TD	600 sacks	

We propose to drill and test the Morrow formation and intermediate zones. Approximately 426' of surface casing will be set with cement circulated to surface to shut off gravel and cavings. Intermediate casing will be set at approximately 4600' with cement circulated. If productive, 5-1/2" casing will be run and cemented with adequate cover, perforated and stimulated as needed for production.

MUD PROGRAM: Spud mud to 550', native mud and oil to 4600', fresh water to 9500' and brine polymer to 13300'.

BOP PROGRAM: BOP's to be installed on intermediate casing and tested daily.

GAS NOT DEDICATED

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 Clifton R. May Title Regulatory Agent

Date Nov. 25, 1985

(This space for State Use)
ORIGINAL SIGNED BY DISTRICT SUPERVISOR

DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 20 1986

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NOV 26 1985
O.C.D.
HOBBS OFFICE