

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-78

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5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
LG-8961

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 <input type="checkbox"/> 2. Name of Operator Yates Petroleum Corporation 3. Address of Operator 105 South Fourth Street - Artesia, NM 88210 4. Location of Well UNIT LETTER J LOCATED 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE OF SEC. 1 TWP. 17S RGE. 33E NMPM 19. Proposed Depth 3900' 19A. Formation Queen 20. Rotary or C.T. Rotary 21. Elevations (Show whether DF, RT, etc.) 4143.5' 21A. Kind & Status Plug. Bond Blanket 21B. Drilling Contractor Undesignated 22. Approx. Date Work will start ASAP				7. Unit Agreement Name 8. Farm or Lease Name Sweet Thing AEB State 9. Well No. 1 10. Field and Pool, or Wildcat Undesignated Queen 12. County Lea	
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PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12-1/4"	8-5/8"	24# J-55	Approx. 400'	250 sacks	Circulate
7-7/8"	5-1/2"	14# J-55	TD	350 sacks	Adequate cover

We propose to drill and test the Queen formation and intermediate zones. Approximately 400' of surface casing will be set with cement circulated to surface to shut off gravel and cavings. 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 400', native mud (10.4#) to 3600', salt gel/starch to TD

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

Cement on the 5 1/2" casing must be
run from the top of the well or
the surface casing by
the cementing company or a
competent person at the top of the well.

Permit Expires 6 Months From Approval
Date 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 Clifton R. May Title Regulatory Agent Date May 20, 1986

(This space for State Use)

ORIGINAL SIGNED BY JERRY REYNOLDS

DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 20 1986

CONDITIONS OF APPROVAL, IF ANY: