

Submit to Appropriate  
District Office  
State Lease - 6 copies  
Fee Lease - 5 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-101  
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| API NO. (assigned by OCD on New Wells)<br><u>30-025-30885</u>                                       |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.<br>V-3026                                                              |

|                                                                                                                                                                                                                        |                |                                          |               |                                |                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------|---------------|--------------------------------|----------------|
| APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK                                                                                                                                                                  |                |                                          |               |                                |                |
| 1a. Type of Work:<br>DRILL <input checked="" type="checkbox"/> RE-ENTER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>                                                    |                |                                          |               |                                |                |
| b. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input type="checkbox"/> MULTIPLE ZONE <input type="checkbox"/>          |                |                                          |               |                                |                |
| 2. Name of Operator<br>Harvey E. Yates Company                                                                                                                                                                         |                |                                          |               |                                |                |
| 3. Address of Operator<br>P.O. Box 1933, Roswell, New Mexico 88202                                                                                                                                                     |                |                                          |               |                                |                |
| 4. Well Location<br>Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>West</u> Line<br>Section <u>18</u> Township <u>18S</u> Range <u>35E</u> NMPM <u>Lea</u> County |                |                                          |               |                                |                |
| 10. Proposed Depth<br>9570                                                                                                                                                                                             |                |                                          |               |                                |                |
| 11. Formation<br>Bone Springs                                                                                                                                                                                          |                |                                          |               |                                |                |
| 12. Rotary or C.T.<br>Rotary                                                                                                                                                                                           |                |                                          |               |                                |                |
| 13. Elevations (Show whether DF, RT, GR, etc.)<br>3967.4 GL                                                                                                                                                            |                | 14. Kind & Status Plug. Bond<br>\$50,000 |               | 15. Drilling Contractor<br>TBA |                |
| 16. Approx. Date Work will start<br>ASAP                                                                                                                                                                               |                |                                          |               |                                |                |
| 17. 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         | 54.5                                     | 350           | 350                            | Surface        |
| 12 1/4                                                                                                                                                                                                                 | 8 5/8          | 32                                       | 3300          | 800                            | Surface        |
| 7 7/8                                                                                                                                                                                                                  | 5 1/2          | 17                                       | 9570          | 500                            | 600' above pay |

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.

SIGNATURE Paul Young TITLE Drilling Superintendent DATE 4/24/90

TYPE OR PRINT NAME Paul Young TELEPHONE NO. 623-6601

(This space for State Use)

Orig. Signed by  
Paul Kautz  
Geologist

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

APR 26 1990

Permit Expires 6 Months From Approval  
Date Unless Drilling Underway.

RECEIVED

APR 25 1990

OCD  
HOBBS OFFICE

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

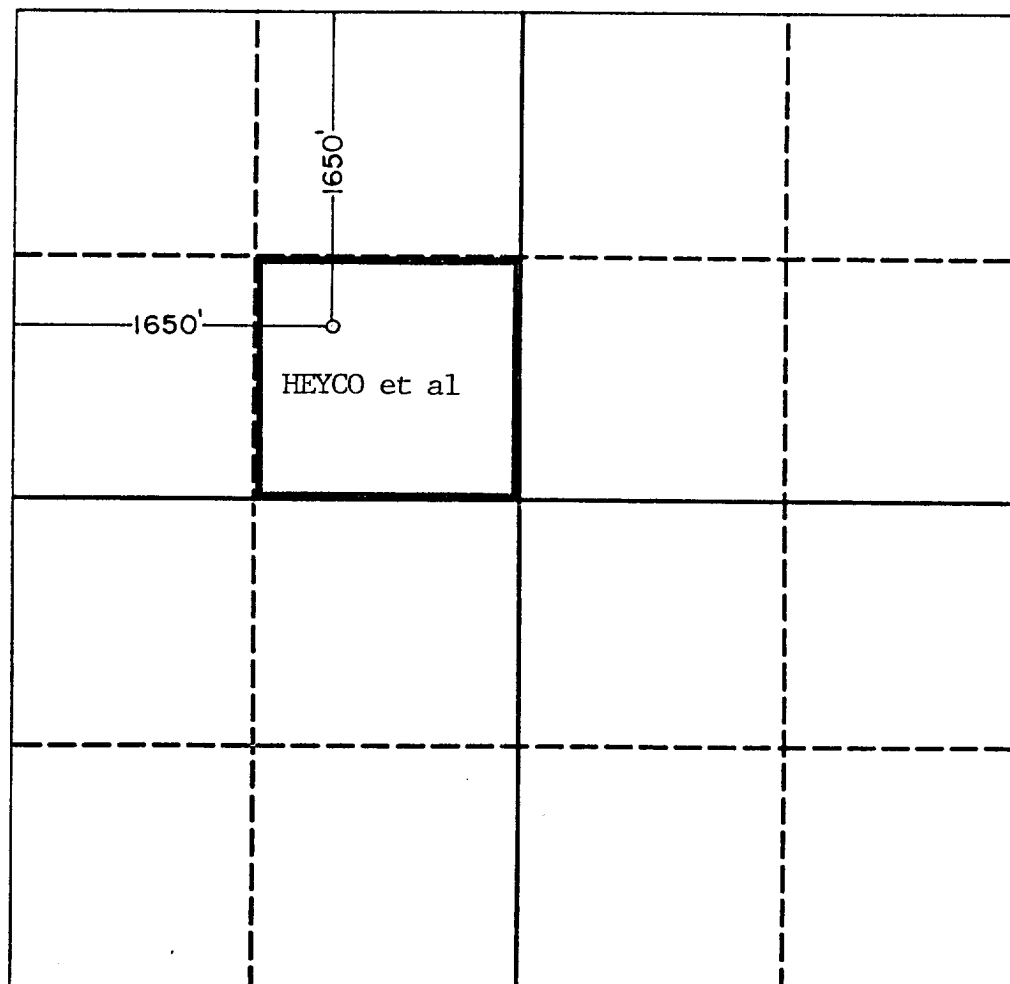
**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

## WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

|                                                                                                    |                                     |                      |                                   |               |                                |
|----------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|-----------------------------------|---------------|--------------------------------|
| Operator<br>HARVEY E. YATES CO.                                                                    |                                     |                      | Lease<br>Ventnor State            |               | Well No.<br>1                  |
| Unit Letter<br>F                                                                                   | Section<br>18                       | Township<br>18 South | Range<br>35 East                  | County<br>Lea |                                |
| Actual Footage Location of Well:<br>1650 feet from the North line and 1650 feet from the West line |                                     |                      |                                   |               |                                |
| Ground level Elev.<br>3967.4                                                                       | Producing Formation<br>Bone Springs |                      | Pool<br>Undesignated Bone Springs |               | Dedicated Acreage:<br>40 Acres |

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



### OPERATOR CERTIFICATION

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

Signature  
*[Signature]*  
Printed Name  
NM Young  
Position  
Drilling Superintendent  
Company  
Harvey E. Yates Company  
Date  
4/24/90

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
April 17, 1990  
Signature & Seal of  
Professional Surveyor

PROFESSIONAL SURVEYOR  
LAND SURVEYOR  
NEW MEXICO  
JOHN W. WEST  
Certificate No. 6789N W. WEST 676  
RONALD J. EIDSON 3239

Harvey E. Yates Company

Ventnor 18 State #1  
Sec. 18, T18S, R35E  
1650' FNL & 1650' FWL  
Lea Co., New Mexico

900 Series

