

N. M. OIL IS. COMMISSION
P. O. BOX 1980
HOBBS, N. M. 88401
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE*
(Other instructions on
reverse side)30-025-28481
Form approved.
Budget Bureau No. 42-E1425.

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 ☐SINGLE
ZONE ☒MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Harvey E. Yates Company

3. ADDRESS OF OPERATOR

P. O. Box 1933, Roswell, New Mexico

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

At surface 1200' FSL & 1650' FEL

At proposed prod. zone Same

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

Approximately 6 1/4 miles south of Maljamar, New Mexico

15. DISTANCE FROM PROPOSED*

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

1650

16. NO. OF ACRES IN LEASE

200

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

Approx. 500'

19. PROPOSED DEPTH

13000

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

3878.8 GR

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
17 1/2	13 3/8	48-54	650	CIRCULATE
11	8 5/8	24-28	3600	CIRCULATE
7 1/2	5 1/2	11.6	13000	

MUD PROGRAM

0 - 650	Spud Mud - FW Gel
650 - 3600	Brine Water
3600 - 9400	Fresh Water/Gel
9400 - 13000	Brine Water - Mud up @ 8100

Gas Is Dedicated.

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

Ray T. ...

TITLE

Reservoir Engineer

DATE

October 12, 1983

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY ORIG. SIGNED JAMES A. GILLHAM
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ASSISTANT District Manager

DATE

11-9-83

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED*NMOC approved for production*