

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/>			5. LEASE DESIGNATION AND SERIAL NO. NM-14789	
b. TYPE OF WELL 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"/>			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Harvey E. Yates Company			7. UNIT AGREEMENT NAME Young Deep Unit	
3. ADDRESS OF OPERATOR P.O. Box 1933, Roswell, N.M. 88202			8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) At surface Unit 0; 330' FSL & 1915' FEL At proposed prod. zone same			9. WELL NO. #34	
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE* 5 1/2 miles south of Maljamar, N.M.			10. FIELD AND POOL, OR WILDCAT North Young Delaware	
16. NO. OF ACRES IN LEASE 40		17. NO. OF ACRES ASSIGNED TO THIS WELL 40		
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT. n/a		20. ROTARY OR CABLE TOOLS rotary		
21. ELEVATIONS (Show whether DF, RT, GR, etc.) 3798.6 GL			22. APPROX. DATE WORK WILL START* ASAP	

23. PROPOSED CASING AND CEMENTING PROGRAM				
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	32#	400'	Circ to surface
7 7/8"	5 1/2"	17#	5900'	Circ to surface

MUD PROGRAM:

0 - 400 FW w/paper
400 - 5900 BW mud

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 V. Teel V. Teel TITLE Production Analyst DATE 11/5/91

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE 11-22-91
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions On Reverse Side