Hold for notice of Comm.

~~Send if at last notice take~~

and approved.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

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

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ARTESIA, OFFICE

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator: Yates Petroleum Corporation ✓

Address: 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)
- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Savage NI Federal	2	~~Und. Abo~~ Pecos Slope Abo	State, Federal or Fee: Federal	NM 25473

Location: Unit Letter O ; 660 Feet From The South Line and 1650 Feet From The East

Line of Section 19 Township 6S Range 26E , NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent): Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: Transwestern Pipeline Co.	Address (Give address to which approved copy of this form is to be sent): Box 2521, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	19	6s	26e	Yes	approx 6-8 wks

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-28-82	6-4-82	4250'	4191'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3706' GR	Abo	3740'	3683'

Perforations	Depth Casing Shoe
3740-3906'	4250'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	60'	
14-3/4"	10-3/4"	960'	1300
7-7/8"	4-1/2"	4250'	400
	2-3/8"	3683'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	–	–
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	225	Packer	1/2"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
(Signature)
Engineering Secretary
(Title)
6-7-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

TITLE _____

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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-1-78

RECEIVED
JUN 7 1982
O. C. D.
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Yates Petroleum Corporation ✓

Address: 207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Savage NI Federal	2	~~Und Abo~~ Paddock Blinebry	State, Federal or Fee Federal	NM 25473

Location

Unit Letter O : 660 Feet From The South Line and 1650 Feet From The East

Line of Section 19 Township 6S Range 26E NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	19	6s	26e	Yes	approx 6-8 wks

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
4-28-82	6-4-82	4250'	4191'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
3706' GR	Abo	3740'	3683'
Perforations			**Depth Casing Shoe**
3740-3906'			4250'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	60'	
14-3/4"	10-3/4"	960'	1300
7-7/8"	4-1/2"	4250'	400
	2-3/8"	3683'	

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	–	–
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	225	Packer	1/2"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
(Signature)
Engineering Secretary
(Title)
6-7-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 ____

BY _____

TITLE _____

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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

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ARTESIA, OFFICE

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Yates Petroleum Corporation

Address: 207 South 4th St., Artesia, NM 88210

Reason(s) for Filing (Check proper box)

- New Well [X]
- Recompletion [ ]
- Change in Ownership [ ]
- Change in Transporter of: Oil [ ] Dry Gas [ ] Casinghead Gas [ ] Condensate [ ]
- Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Savage NI Federal	2	~~Und. Abo~~ Pecos Slope Abo	State, Federal or Fee Federal	NM 25473

Location
Unit Letter O : 660 Feet From The South Line and 1650 Feet From The East

Line of Section 19 Township 6S Range 26E NMPM, Chaves County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing Co.	Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	19	6s	26e	Yes	approx 6-8 wks

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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3706' GR	Abo	3740'	3683'
Perforations			**Depth Casing Shoe**
3740-3906'			4250'

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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil-Bbls.**	**Water-Bbls.**	**Gas-MCF**

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	–	–
Testing Method (pitot, back pr.)	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	225	Packer	1/2"

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Juanita Goodlett
(Signature)
Engineering Secretary
(Title)
6-7-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19 _____

BY _____

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OIL CONSERVATION DIVISION

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SANTA FE, NEW MEXICO 87501

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Revised 10-1-78

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Location
Unit Letter O ; 660 Feet From The South Line and 1650 Feet From The East

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If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
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Length of Test	**Tubing Pressure**	**Casing Pressure**	**Choke Size**
Actual Prod. During Test	**Oil - Bbls.**	**Water - Bbls.**	**Gas - MCF**

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	-	-
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(Signature)
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Telephone 505-748-2205

L & M DRILLING, INC. - Oil Well Drilling Contractors

P. O. BOX 672 ARTESIA, NEW MEXICO 88210

May 12, 1982

Yates Petroleum Corporation ✓
207 South Fourth Street
Artesia, NM 88210

RE: Savage NI Federal #2
660' FSL & 1650' FEL
Sec. 19, T5S, R26E
Chaves County, New Mexico

Gentlemen:

The following is a Deviation Survey for the above captioned well.

DEPTH	DEVIATION
499'	1/4°
960'	1/4°
1502'	1/4°
2001'	1/4°
2502'	1/2°
3007'	1/4°
4000'	1/2°
4250'	1/2°

Very truly yours,

B. N. Muncy Jr.
President

STATE OF NEW MEXICO)
COUNTY OF EDDY)

The foregoing was acknowledged before me this 12th day of May, 1982.

OFFICIAL SEAL
Signature: Regina L. Garner
REGINIA L. GARNER
NOTARY PUBLIC - NEW MEXICO
NOTARY BOND FILED WITH SECRETARY OF STATE
My Commission Expires Oct. 15, 1984