

Held for notice of Conn.
~~Send 4 pt test notice when~~
~~2-10-4 approved.~~

OIL CONSERVATION DIVISION

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

RECEIVED

JUN 7 1982

O. C. D.
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NAME OF OPERATOR	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

Operator Yates Petroleum Corporation ✓

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

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

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Savage NI Federal</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Und. Abo Pecos Slope NMA</u>	Kind of Lease <u>NM 25473</u>	Lease No.
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u>			State, Federal or Free <u>Federal</u>	
Line of Section <u>19</u> Township <u>6S</u> Range <u>26E</u> , NMDM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Navajo Crude Oil Purchasing Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 159, Artesia, NM 88210</u>					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>Transwestern Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 2521, Houston, TX 77001</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>19</u>	Twp. <u>6s</u>	Rge. <u>26e</u>	Is gas actually connected? <u>Yes</u>	When <u>approx 6-8 wks</u>

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 as last, Diff. Prod. ☐
Date Spudded <u>4-28-82</u>	Date Compl. Ready to Prod. <u>6-4-82</u>		Total Depth <u>4250'</u>		P.B.T.D. <u>4191'</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3706' GR</u>	Name of Producing Formation <u>Abo</u>		Top Oil/Gas Pay <u>3740'</u>		Tubing Depth <u>3683'</u>		
Perforations <u>3740-3906'</u>					Depth Casing Shoe <u>4250'</u>		
TUBING, CASING, AND CEMENTING RECORD							
POLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
<u>24"</u>	<u>20"</u>		<u>60'</u>				
<u>14-3/4"</u>	<u>10-3/4"</u>		<u>960'</u>		<u>1300</u>		
<u>7-7/8"</u>	<u>4-1/2"</u>		<u>4250'</u>		<u>400</u>		
	<u>2-3/8"</u>		<u>3683'</u>				

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

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		Ebls. Condensate/Mscf		Gravity of Condensate	
Actual Prod. Test-MCF/D <u>248</u>	Length of Test <u>4 hrs</u>	-		-	
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (shot-in) <u>225</u>	Casing Pressure (shot-in) <u>Packer</u>		Choke Size <u>1/2"</u>	

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.

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

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with rules 10-1-78. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the day's tests taken on the well in accordance with rule 11.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only sections I, II, III, and VI for the owner of well, and sections IV, V, and VII for transporter or other such person or entity.

Separate Form C-104 must be filed for each pool in multi-completed wells.

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

RECEIVED

JUN 7 1982

O. C. D.
ARTESIA, OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation ✓

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

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

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 S. Type H/C	NM 25473	
Location			State, Federal or Loc. Federal	
Unit Letter	0	660 Feet From The	South	Line and
Line of Section	19	Township	6S	Range
		26E		Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☒	Address (Give address to which approved copy of this form is to be sent)						
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001						
Well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	approx 6-8 wks
	0	19	6s	26e	Yes		

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug back	Side Drilling
			X	X				
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.L.S.D.			
4-28-82	6-4-82		4250'		4191'			
Revolutions (DE, 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

POLE 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
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top of allowable for this depth or be for full 24 hours)

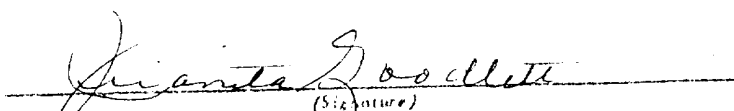
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	-	-
Testing Method (pilot, 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.


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

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with rules and regulations.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the available tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and IV for existing wells well name or number, or transporter or other such information.

Separate Form C-104 must be filled for each pool in each well.

RECEIVED

JUN 7 1982

O. C. D.
ARTESIA OFFICEREQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

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

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

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	Check in
Savage NI Federal	2	Und. Abo. Pecos Stage 750	NM 25473 State, Federal or Free Federal	

Location	Unit Letter	660	Feet From The	South	Line and	1650	Feet From The	East
	Line of Section	19	Township	6S	Range	26E	County	Chaves

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☒	Address (Give address to which approved copy of this form is to be sent)						
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001						
Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	approx 6-8 wks
	0	19	6s	26e	Yes		

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	Side Track	Other
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth		PLUG BACK				
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'				
Casinghead				Depth Casing Head				
3740-3906'				4250'				

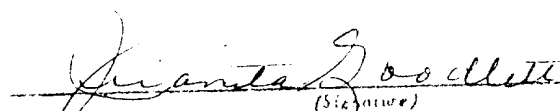
TUBING, CASING, AND CEMENTING RECORD			
POLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
24"	20"	60'	
14-3/4"	10-3/4"	960'	1300
7-7/8"	4-1/2"	4250'	400
	2-3/8"	3683'	

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

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
248	4 hrs	-	-
Testing Method (pilot, 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.
(Signature)

Engineering Secretary

6-7-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

BY _____

TITLE _____

This form is to be filed in compliance with rules 10-1-70.

If this form is requested for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the available
tests taken on the well in accordance with rule 10-1-70.All sections of this form must be filled out except for the allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and IV for new or deepened
well name or number, or transporter or other well owner's name.Separate Form C-104 must be filed for each pool in multi-
well and wells.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 7 1982

O. C. D.

ARTESIA, OFFICE

REQUEST FOR ALLOWABLE
AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

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	5-11-10 Pecos Shale Hb	NM 25473	
			State, Federal or Les. Federal	

Location

Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001

Does well produce oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rnge.	Is gas actually connected?	When
	0	19	6s	26e	Yes	approx 6-8 wks

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Drill	Other
		X	X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	PERF. D.B.					
4-28-82	6-4-82	4250'	4191'					
Revisions (DF, RNB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3706' GR	Abo	3740'	3683'					
Revisions			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'	

FST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of hole for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Coke 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 (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Coke 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.

Armenta Goodlett
(Signature)
Engineering Secretary

6-7-82

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

This form is to be filed in compliance with rules and regulations.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the casing tests taken on the well in accordance with rules and regulations.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for the use of even well name or number, or transporter or other such name or number.

Separate Form O-104 must be filed for each pool in each completed well.

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED

JUN 7 1982

O. C. D.
ARTESIA, OFFICE

TYPE OF WELL	
DISTRIBUTION	
LAND AREA	
FILE	
U.S. G.S.	
CARD OFFICE	
TRANSPORTER	
OPERATION	
PRODUCTION OFFICE	
REGULATOR	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Yates Petroleum Corporation

Address

207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Coalinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

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

Location

Unit Letter 0 : 660 Feet From The South Line and 1650 Feet From The East

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

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 Coalinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
Transwestern Pipeline Co.	Box 2521, Houston, TX 77001

Well produces oil or liquids, give location of tanks. Unit 0 Sec. 19 Twp. 6s Rgr. 26e Is gas actually connected? Yes When approx 6-8 wks

This production is commingled with that from any other lease or pool, give commingling order numbers

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Side Drilling
		☒	☒				

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

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

Perforations 3740-3906' Depth Casing Shoe 4250'

TUBING, CASING, AND CEMENTING RECORD

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

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of lead oil and must be equal to or exceed top of 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/MCF	Gravity of Condensate
<u>248</u>	<u>4 hrs</u>	<u>-</u>	<u>-</u>
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
<u>Back Pressure</u>	<u>225</u>	<u>Packer</u>	<u>1/2"</u>

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.

Armenta Zoollett
(Signature)
Engineering Secretary
(Title)
6-7-82
(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

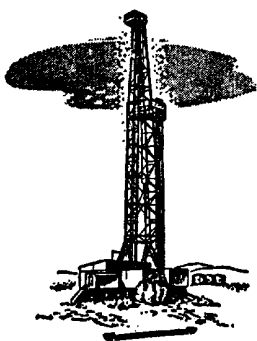
TITLE _____

This form is to be filed in compliance with the rules.

If this is a request for allowable for a newly drilled well, this form must be accompanied by a tabulation of the casing tests taken on the well in accordance with 60.1.1.1.

All sections of this form must be filled out completely for all wells on new and recompleted sections.

Fill out only Sections I, II, III, and IV for the case of new well name or number, or transport, or other well name or number. Separate Form C-104 must be filed for each pool in a well.



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

P. O. BOX 672

ARTESIA, NEW MEXICO 88210

RECEIVED

JUN 7 1982

O. C. D.

ARTESIA, OFFICE

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.

