

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

OIL CONSERVATION DIVISION

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator YATES PETROLEUM CORPORATION	Well API No. 30-025-32108
Address 105 South 4th St., Artesia, NM 88210	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saffron Unit	Well No. 1	Pool Name, Including Formation Diamondtail Delaware	Kind of Lease State, Federal or Fed	Lease No. VB-0286
Location				
Unit Letter <u>G</u> : <u>2310</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line				
Section <u>2</u> Township <u>23S</u> Range <u>32E</u> , <u>NMPM</u> , <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> EOTT Energy Corporation	Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>2</u>
	Twp. <u>23s</u>	Rge. <u>32e</u>
	Is gas actually connected? No	
	When? Approx. 2-3 months	

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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 8-26-93	Date Compl. Ready to Prod. 12-30-93		Total Depth 10320'		P.B.T.D. 10282'			
Elevations (DF, RKB, RT, GR, etc.) 3739' GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 8545"		Tubing Depth 7986'			
Perforations 8545-8794'					Depth Casing Shoe 10320'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20"		40'		Redi-Mix			
17 1/2"	13-3/8"		1169'		1100 sx - circulated			
11"	8-5/8"		4765'		1850 sx - circulated			
7-7/8"	5-1/2"		10320'		1340 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE /2-7/8" @ 7986' /

OIL WELL (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.)

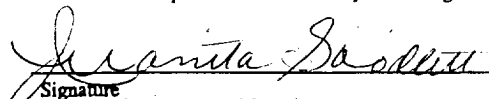
Date First New Oil Run To Tank 12-9-93	Date of Test 12-30-93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#	Choke Size 2"
Actual Prod. During Test 127	Oil - Bbls. 25	Water - Bbls. 102	Gas- MCF 15

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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
Juanita Goodlett - Production Supervisor
Printed Name
1-12-94
Date
505/748-1471
Title
Telephone No.

OIL CONSERVATION DIVISION

JAN 18 1994

Date Approved

By **ORIGINAL SIGNED BY JERRY SEXTON**

DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

SAD