

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATION	
OPERATION OFFICE	

I. OPERATOR
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 ☐ Dry Gas ☐
Change in Ownership ☐ 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 Shipp ZI	Well No. 3	Pool Name, Including Formation NE Lovington Penn	Kind of Lease State, Federal or Fee Fee	Lease N
Location Unit Letter E, 1470 Feet From The North Line and 660 Feet From The West Line of Section 27 Township 16S Range 37E, NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Oil & Gas Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 3179, Midland, TX 79702			
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 16s	Rge. 37e
Is gas actually connected?			When 10-9-85	

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Res'tv. <input type="checkbox"/>	Diff. Re <input type="checkbox"/>
Date Spudded 8-27-85	Date Compl. Ready to Prod. 10-26-85		Total Depth 11902'		P.B.T.D. 11818'			
Elevations (DF, RKH, RT, GR, etc.) 3786.7' GR	Name of Producing Formation Strawn		Top Oil/Gas Pay 11439'		Tubing Depth 11370'			
Perforations 11439-11444'					Depth Casing Shoe 11902'			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	437'	450
12-1/4"	8-5/8"	4319	2250
7-7/8"	5-1/2"	11902'	1305'
	2-7/8"	11370'	

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 of
able for this depth or be for full 24 hours)

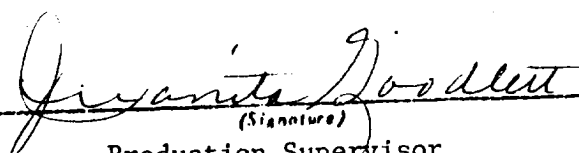
Date First New Oil Run To Tanks 10-5-85	Date of Test 10-26-85	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 hrs	Tubing Pressure 320#	Casing Pressure -	Choke Size 17/64"
Actual Prod. During Test 250	Oil - Bbls. 250	Water - Bbls. none	Gas - MCF 320

GAS WELL

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

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.


(Signature)
Production Supervisor

10-30-85

(Date)

OIL CONSERVATION DIVISION

APPROVED **NOV 4 - 1985**, 19

BY **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

TITLE

This form is to be filed in compliance with RULE 1104.

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

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

Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions. Form C-104 must be filed for each pool in multi-

RECEIVED

NOV 1 - 1985

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