

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRICT OFFICE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	

Operator
Yates Petroleum CorporationAddress
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

Change transporter of casinghead gas.

Effective January 1, 1986

If change of ownership give name
and address of previous owner

I. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp ZI	Well No. 1	Pool Name, including Formation NE Lovington Penn	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>C</u> <u>660</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>16S</u> Range <u>37E</u> , NMPM, Lea County					

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Texas New Mexico Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) PO Box 2528, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> J. L. Davis - Denton Gas Plant	Address (Give address to which approved copy of this form is to be sent) 211 N. Colorado, Midland, TX 79701					
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 27	Twp. 17s	Rge. 37e	Is gas actually connected? Yes	When 6-24-85

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

III. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Reservoir	Diff. Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (D.F., R.R.H., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

IV. 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

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

V. 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.

Production Supervisor

3-24-86

OIL CONSERVATION DIVISION

APPROVED MAR 26 1986, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 111.

If this is a request for allowable for a newly drilled or deep
well, this form must be accompanied by a tabulation of the devi-
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for oil
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow-
number, or transporter, or other such change of condi-