

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

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

Reason(s) for filing (Check proper box)

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input checked="" type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

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. 1	Pool Name, including Formation NE Lovington Penn	Kind of Lease State, Federal or Fee	Lease Fee Fee
Location Unit Letter C ; 660 Feet From The North Line and 2310 Feet From The West Line of Section 27 Township 16S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P.O. Box 2528, Hobbs, NM 88240
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)
Tipperary Oil & Gas Corp.	P.O. Box 3179, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 26 16S 37E
Is gas actually connected?	When Yes 6-24-85

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Some Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded Re-completion 5-30-85	Date Compl. Ready to Prod. 6-28-85	Total Depth 11850'	P.B.T.D. 11530'
Elevations (DF, RKH, RT, GR, etc.) 3783.6' GR	Name of Producing Formation Upper Penn	Top Oil/Gas Pay 10975'	Tubing Depth 11017'
Perforations 10975-95'; 11011-28'			Depth Casing Shoe 11850'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	40'	
17-1/2"	13-3/8"	450'	450
11"	8-5/8"	4325'	2350
7-7/8"	5-1/2"	11850'	1100
	2-7/8"	11017'	

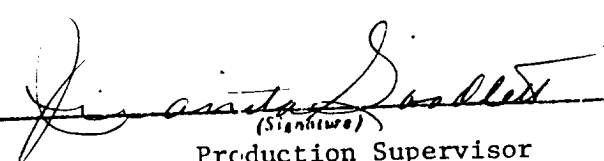
V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top all
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-24-85	Date of Test 6-28-85	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size Open
Actual Prod. During Test 95	Oil-Bbls. 20	Water-Bbls. 75	Gas-MCF 10

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. 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

(Title)

7-1-85

(Date)

OIL CONSERVATION DIVISION

JUL - 3 1985

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 100.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviation
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiple
wells.