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LAND OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

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

Reason(s) for filing (Check proper box)	Other <input checked="" type="checkbox"/> Casinghead Gas MUST NOT BE FLARED AFTER <u>9/8/84</u> UNLESS AN EXCEPTION TO R-4070 IS OBTAINED.
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 Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner _____
THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

1. DESCRIPTION OF WELL AND LEASE

Lease Name Shipp "ZI"	Well No. 1	Pool Name, including Formation NE Livingston Penn	Kind of Lease State, Federal or Fee	Fee	Lease No. R-7667 (10-1-84)
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					

2. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Crude Oil Purchasing Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, NM 88210
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>C</u> Sec. <u>27</u> Twp. <u>16s</u> Rge. <u>37e</u> Is gas actually connected? <u>No</u> When _____

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

3. 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"/> Same Res'ty. <input type="checkbox"/> Diff. Res'ty. <input type="checkbox"/>		
Date Spudded 4-4-84	Date Compl. Ready to Prod. 7-10-84	Total Depth 11850'	P.B.T.D. 11530'
Elevations (DF, RKB, RT, CR, etc.) 3783.6' GR	Name of Producing Formation Strawn	Top Oil/Gas Pay 11414'	Tubing Depth 11337'
Perforations 11414-11493½'	Depth Casing Shoe		
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"	11337'	

4. 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)

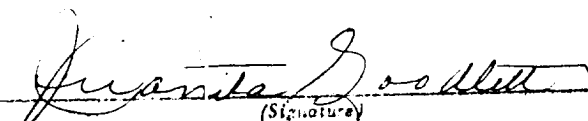
Date First New Oil Run To Tanks 7-8-84	Date of Test 7-10-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Choke Size Open
Actual Prod. During Test 50	Oil - Bbls. 10	Water - Bbls. 40	Gas - MCF 10

GAS WELL

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

5. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission 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

(Title)

7-11-84

(Date)

OIL CONSERVATION COMMISSION

JUL 13 1984

APPROVED _____
ORIGINAL SIGNED BY JERRY SEXTON, 19 _____
BY _____
DISTRICT 1 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 deepened well, this form must be accompanied by a tabulation of the depth tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for wells on now 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.