

STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENTOIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address 105 South 4th St., Artesia, NM 88210		Other (Please explain) Change Transporter - Casinghead Gas EFFECTIVE JUNE 13, 1986
Reason(s) for filing (Check proper box)	Change in Transporter of:	
New Well ☐	Oil ☐	Dry Gas ☐
Recompletion ☐	Casinghead Gas ☒	Condensate ☐
Change in Ownership ☐		

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE		Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Lease Name Shipp ZI		3	Northeast Lovington Penn	State, Federal or Fee Fee	
Location Unit Letter <u>E</u> : <u>1470</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>					
Line of Section <u>27</u> Township <u>16S</u> Range <u>37E</u> , NMPM, Lea County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil ☒	Effective <u>1-1-93</u>	PO Box 2528, Hobbs, NM 88240	
Texas New Mexico Pipeline Co.		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas ☒		PO Box 1589, Tulsa, OK 74102	
Warren Petroleum Co.			
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>27</u> Twp. <u>17S</u> Rge. <u>37E</u>	Is gas actually connected? Yes	When 10-9-85 (original connect)

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

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Heals	Diff. Heals
Designate Type of Completion - (X)									
Date Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
Elevations (DF, RKH, RT, GR, 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

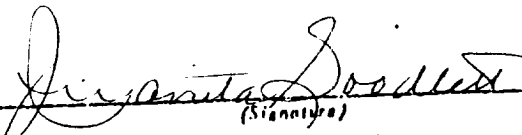
TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL. (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

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
(Title)
6-13-86
(Date)

OIL CONSERVATION DIVISION
APPROVED JUN 16 1986, 19____
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 110.
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 allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Form C-104 must be filed for each pool in multiply tested wells.