

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

NO. OF COPIES RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTED	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	
Operator	

Yates Petroleum Corporation

Address
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)

CASINGHEAD GAS CONNECTION CORRECTION:
Connection 10-9-85If 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 No.
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					

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) PO 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) PO Box 3179, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. C 27 16s 37e
Is gas actually connected? When Yes 10-9-85	

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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'tv.	Diff. Re:
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RHH, 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		

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 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/MCF	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

10-21-85

OIL CONSERVATION DIVISION

OCT 24 1985

APPROVED _____, 19 ____

BY _____ ORIGINAL SIGNED BY JERRY SEXTON

DISTRICT 1 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 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 el
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of ow
well name or number, or transporter, or other such change of condi
Form C-104 must be filled for each pool in mul

RECEIVED

OCT 23 1985

O.C.D.
HOBBES OFFICE