

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
OPERATION	GAS
PRODUCTION OFFICE	
Operator	

I. OPERATOR  
Yates Petroleum Corporation  
Address  
207 S. 4th St., Artesia, NM 88210  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐  
Recompletion ☐ Casinghead Gas ☐ Condensate ☐  
Change in Ownership ☐  
Other (Please explain)  
Request test allowable of 5000 bbls. Perforations - 11439-44'

If 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 Fee  
Location  
Unit Letter E : 1470 Feet From The North Line and 660 Feet From The West  
Line of Section 27 Township 16S Range 37E , NMPLM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
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 ☒ or Dry Gas ☐  
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 C Sec. 27 Twp. 16S Rge. 37e Is gas actually connected? Yes When 11-9-85

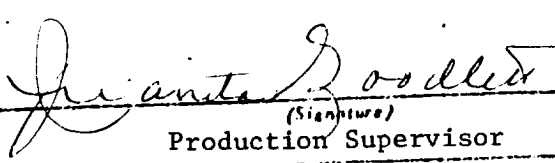
If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

V. COMPLETION DATA  
Designate Type of Completion - (X) Oil Well ☒ Gas Well ☐ New Well ☒ Workover ☐ Deepen ☐ Plug Back ☐ Same Rec'y. ☐ Diff. Rec'y. ☐  
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

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 \_\_\_\_\_ 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 (split, 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  
11-9-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED OCT 1 1 1985  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_  
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 device tests taken on the well in accordance with RULE 111.  
All portions of this form must be filled out completely for all able on new 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 condition.  
Separate Form C-104 must be filed for each pool in multi-