

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Petroleum Development Corporation</b>		Well API No. <b>30-005-20120</b>
Address <b>9720 B Candelaria, NE Albuquerque, NM 87112</b>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain) <input type="checkbox"/>		
If change of operator give name and address of previous operator _____		

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Miller Federal</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Tomahawk-San Andres</b>	Kind of Lease <b>State, Federal or Other</b>	Lease No. <b>NM 046153A</b>
Location Unit Letter <b>H</b> : <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line Section <b>34</b> Township <b>7S</b> Range <b>31E</b> NMPM, <b>Chaves</b> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>Lantern Petroleum Corp.</b>	<input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2281 Midland, TX 79702</b>				
Name of Authorized Transporter of Casinghead Gas <b>Warren Petroleum</b>	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>1350 S. Boulder; Tulsa, OK 74119</b>				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	In gas actually connected?	When?

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

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Log Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		T.D.			
Elevations (D.F., RKB, RI, GR, etc.)	Name of Producing Formation		Depth					
Perforations			Casing Shoe					
HO			SACKS CEMENT					
OPER. OGRID NO. <b>17470</b> PROPERTY NO. <b>9034</b> POOL CODE <b>59460</b> EFF. DATE _____ API NO. _____								
O-TRNSP. OGRID NO. <b>13063</b> G-TRNSP. OGRID NO. <b>241650</b> OIL POD NO. <b>2077150</b> GAS POD NO. <b>2077130</b>								
Date First New Oil Run T. _____ Length of Test _____ Actual Prod. During Test _____ GAS WELL Actual Prod. Test - MCF/D _____ Testing Method (plot, back pr.) _____								
Pressure (Shut-in)			Bbls. Condensate/MMCF			Gravity of Condensate		
			Casing Pressure (Shut-in)			Choke Size		

## VI. OPERATOR 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 **Jim A. Johnson**  
Printed Name **Jim A. Johnson**  
Date **June 2, 1994**  
Title **Vice-President**  
Telephone No. **505-293-4044**

## OIL CONSERVATION DIVISION

Date Approved **JUN 08 1994**

By \_\_\_\_\_  
Title \_\_\_\_\_  
Drig. Signed by **Paul Kautz**  
Geologist

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of