

DISTRICT II
 P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

DISTRICT III
 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 PETROLEUM DEVELOPMENT CORPORATION
 Well API No. 30-005-20122 ✓
 Address
 9720 CANDELARIA NE ALBUQUERQUE NM 87112
 Reason(s) for Filing (Check proper box)
 New Well ☐ Change in Transporter of: ☐ Other (Please explain)
 Recompletion ☐ Oil ☐ Dry Gas ☐
 Change in Operator ☒ Casinghead Gas ☐ Condensate ☐
 If change of operator give name and address of previous operator
 TKL Oil Properties Inc
 Mims Oil & Gas, 7060 S. Yale, Ste 707, Tulsa OK 74136

II. DESCRIPTION OF WELL AND LEASE

Lease Name Miller Federal Well No. 5 Pool Name, including Formation Tom Tom San Andres
 Kind of Lease State (Federal) or Fee Lease No. NM-046153-A
 Location
 Unit Letter F : 1980 Feet From The N Line and 1980 Feet From The W Line
 Section 34 Township 75 Range 33E, NMPM, Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate ☒ Address (Give address to which approved copy of this form is to be sent)
 Pride Pipeline
 Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ 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 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 Plug Back Same Res'v Diff Res'v
 Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
 Elevations (DF, RKB, RI, 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 allowable for this depth or be for full 24 hours.)
 Date First New Oil Run To Tank 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. 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 C. Johnson Vice-President
 Printed Name 4-28-93 Title (505) 293-4044
 Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 10 1993

By ORIGINAL SIGNATURE BY LEROY DEXTER

Title

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 operator, well name or number.

RECEIVED

MAY 11 1963

OOD HUBBARD, ID.