

OIL CONSERVATION DIVISION

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

DISTRICT II  
P.O. Drawer 70, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Development Corporation		Well API No. 3000520811
Address 9720-B Candelaria NE, Albuquerque, NM 87112		
<input type="checkbox"/> Other (Please explain)		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Wattam Federal	Well No. 2	Pool Name, including Formation Tom-Tom San Andres	Kind of Lease State, Federal, or Fee	Lease No. NM 15016
Location SFL / L : 1980 Feet From The South Line and 660 Feet From The West Line Unit Layer BHL F : 3850 Section 8 Township 8S Range 31E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Lantern Oil Co.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 2281 Midland, Tx 79702-2281
Name of Authorized Transporter of Casinghead Gas Warren Petroleum	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) PO Box 1589 Tulsa, OK 74102-1589
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 7
	Twp. 8S	Rge. 31E
	Is gas actually connected? No	When? Soon

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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover <input checked="" type="checkbox"/>	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 3/12/94	Date Compl. Ready to Prod. 8/4/94	Total Depth TVD 3745' .MD 5689'	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 4194 GR	Name of Producing Formation San Andres	Top Oil/Gas Pay 3712'	Tubing Depth 3530'					
Perforations Open Hole			Depth Casing Shoe 4203'					

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2"	8-5/8", 24#	1330'	850
7-7/8"	5-1/2", 14#	4203'	1650

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 7/30/94	Date of Test 8/4/94	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 0	Casing Pressure 0	Choke Size --
Actual Prod. During Test	Oil - Bbls. 70	Water - Bbls. 140	Gas - MCF 100

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	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 J. G. Johnson  
Printed Name J. G. Johnson Title President  
Date 8/16/94 Telephone No. 505-293-4044

OIL CONSERVATION DIVISION

AUG 23 1994

Date Approved \_\_\_\_\_  
By CRISTINA M. GARCIA DEPUTY SUPERVISOR  
Title \_\_\_\_\_

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

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

2024-12-15/16

AUG 12 2024

2024-12-15/16

Submit to Appropriate  
District Office  
State Lease - 4 copies  
Fee Lease - 3 copies

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-102  
Revised 1-1-89

OIL CONSERVATION DIVISION

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

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

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

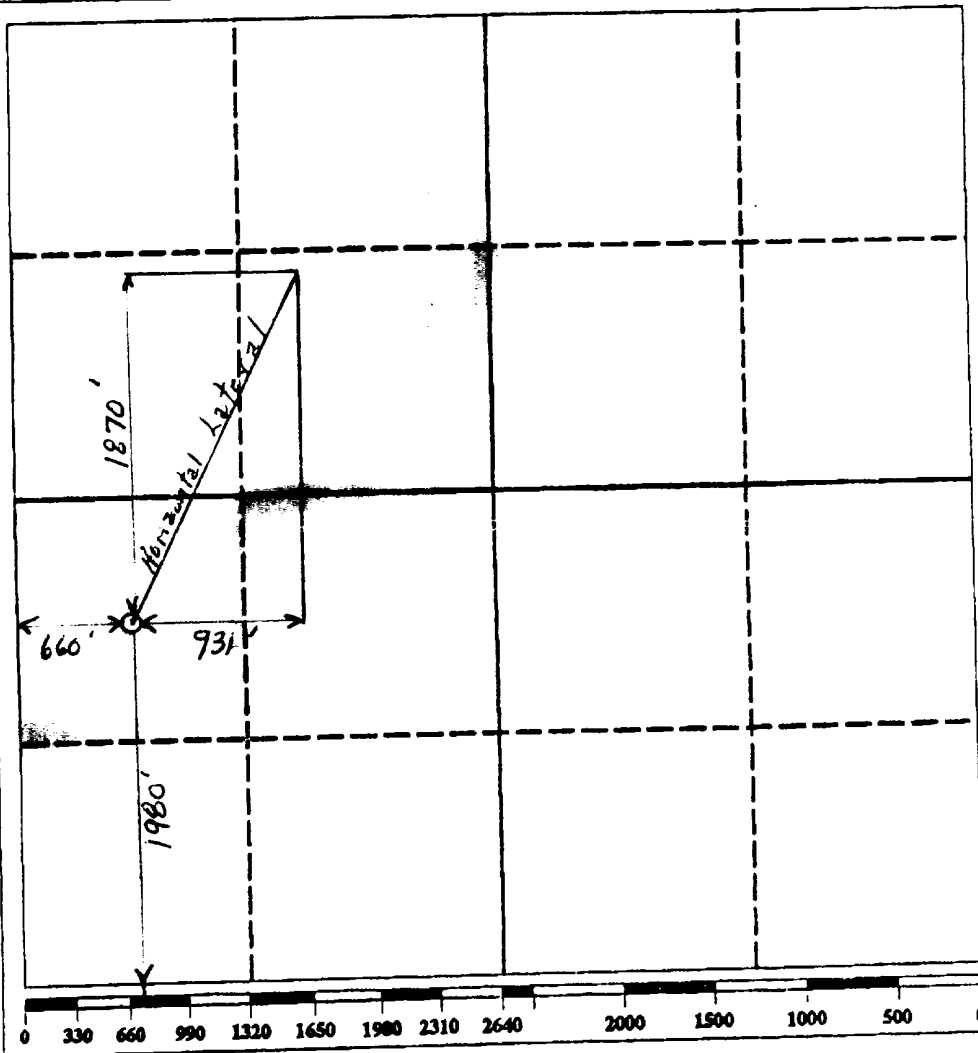
DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator Petroleum Development Corporation			Lease Wattam Federal		Well No. 2
Unit Letter L/F	Section 8	Township 8S	Range 31E	County NMPM	Chaves
Actual Footage Location of Well: 1980/335 feet from the South line and 660/1591 feet from the West line Dedicated Acreage: Ground level Elev. 4194 Producing Formation San Andres Pool Tom-Tom San Andres 80 Acres 120 per Jim Jr					

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communitization, unitization, force-pooling, etc.?  
☐ Yes ☐ No If answer is "yes" type of consolidation \_\_\_\_\_  
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).  
No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Signature *J.C. Johnson*  
J.C. Johnson  
Printed Name  
President  
Position  
Petroleum Development Corp.  
Company  
8/16/94  
Date

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed  
Signature & Seal of Professional Surveyor  
Certificate No.

