

(S)  
O. Drawer UD, Artesia, NM 88210DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## 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>30-005-21012</b>
Address <b>9720 B Candelaria, NE Albuquerque, NM 87112</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Operator <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/> Other (Please explain)		
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>7</b>	Pool Name, including Formation <b>Tomahawk-San Andres</b>	Kind of Lease <b>Miller Federal</b>	Lease No. <b>NM 046153A</b>
Location Unit Letter <b>I</b> : <b>1980</b> Feet From The <b>South</b> Line and <b>330</b> Feet From The <b>East</b> Line Section <b>35</b> Township <b>7S</b> Range <b>41E</b> , <b>NMPM</b> , <b>Chaves</b> County				

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

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Lantern Petroleum Corp.</b>	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum</b>	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.
Is 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	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			P.D.T.D.			
Elevations (D.F., RKB, RI, GR, etc.)	Name of Production			Tubing Depth			
Perforations				Depth Casing Shoe			
OPER. OGRID NO. PROPERTY NO. POOL CODE EFF. DATE API NO.				SACKS CEMENT			
V. TEST OIL WELL Date First New Length of Test Actual Prod. During				This depth or be for full 24 hours.) Choke Size Gas-MCF			
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr. pressure (Shut-In)				Bbls. Condensate/MMCF Casing Pressure (Shut-In) Gravity of Condensate 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**  
 Printed Name **Jim C. Johnson**  
 Date **June 2, 1994**  
 Title **Vice-President**  
 Telephone No. **505-293-4044**

## OIL CONSERVATION DIVISION

Date Approved **JUN 08 1994**

By

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.