

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. 30-005-21015
Address 9720 B Candelaria, NE Albuquerque, NM 87112		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	Other (Please explain) <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom 36 State	Well No. 4	Pool Name, Including Formation San Andres, Tomahawk	Kind of Lease Leasehold	Lease No. L5120
Location Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East Line Section 36 Township 7S Range 31E , NMPM , Chaves 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"/> Petro-Source Partners Ltd.	Address (Give address to which approved copy of this form is to be sent) 8790 Colfax Ave., Ste 230; Lakewood, CO 80215	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Trident, NGL	Address (Give address to which approved copy of this form is to be sent) 10200 Grogans Mill Rd., The Woodlands, TX 7738	
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	Went	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		T		P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Form				Tubing Depth			
Perforations					Depth Casing Shoe			
<p>OPER. OGRID NO. <u>17470</u></p> <p>PROPERTY NO. <u>9046</u></p> <p>POOL CODE <u>59467</u></p> <p>EFF. DATE <u>2079/50</u></p> <p>API NO. <u>17470</u></p>					SACKS CEMENT			
<p>V. TEST OIL WELL</p> <p>Date First Test</p> <p>Length of Test</p> <p>Actual Prod. During</p>					<p>is depth or be for full 24 hours.)</p> <p>Choke Size</p> <p>Gas- MCP</p>			
<p>GAS WELL</p> <p>Actual Prod. Test - MMCF/L</p> <p>Testing Method (pilot, back pr.</p>					<p>Bbls. Condensate/MMCF</p> <p>Gravity of Condensate</p> <p>Casing Pressure (Shut-In)</p> <p>Choke Size</p>			
<p>O-TRNSP. OGRID NO. <u>17409</u></p> <p>G-TRNSP. OGRID NO. <u>234100</u></p> <p>OIL POD NO. <u>2079110</u></p> <p>GAS POD NO. <u>2079130</u></p>								

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

- 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.
- Separate Form 1104