....
Appropriate District Office
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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

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, NEW MEXICO   87112

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☒

Change In Transporter of:
Oil ☐
Casinghead Gas ☐
Dry Gas ☐
Condensate ☐

Other (Please explain) ☐

If change of operator give name and address of previous operator _Sandstone Oil & Gas_

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Tom "36" State	4	Tomahawk San Andres	(State), Federal or Fee	L-5120

Location

Unit Letter __J__ : __1980__ Feet From The __South__ Line and __1980__ Feet From The __East__ Line

Section __36__ Township __7-S__ Range __31E__ , NMPM, __Chaves__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒☒ or Condensate ☐
Phillips 66 ~~Company~~ Pet. Trucks

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 5400 Bartlesville, OK 74005-5400

Name of Authorized Transporter of Casinghead Gas ☒☒ or Dry Gas ☐
Trident, NGL.

Address (Give address to which approved copy of this form is to be sent) 77380
10200 Grogans Mill Rd. The Woodlands, TX

If well produces oil or liquids, give location of tanks.

Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
H	36	7-S	31-E	YES	N/A

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	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Top Oil/Gas Pay	P.B.T.D.
Perforations	Tubing Depth
	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/MMCF	Gravity of Condensate
Testing Method (pitot, 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_

Printed Name Jim C. Johnson   **Title** Vice-President

Date 6-11-93   **Telephone No.** (505) 293-4044

OIL CONSERVATION DIVISION

Date Approved ___JUN 18 1993___

By ___ORIGINAL SIGNED BY JERRY SEXTON___
DISTRICT II

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 ch...