

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 Uraos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Development Corporation		Well API No. 30-005-21030
Address 9720 B Candelaria, NE Albuquerque, NM 87112		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Change in Operator <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 Miller Federal	Well No. 8	Pool Name, including Formation Tomahawk- San Andres	Kind of Lease State Federal or Private	Lease No. NM 046153A
Location Unit Letter P : 990 Feet From The South Line and 330 Feet From The East Line Section 35 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"/> Lantern Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281 Midland, TX 79702					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum	Address (Give address to which approved copy of this form is to be sent) 1350 S. Boulder Tulsa, OK 74119					
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	W-	Deepen	Plug Back	Same Res'v	Diff Res'	
Date Spudded	Date Compl. Ready to Prod.				P.D.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Production				Tubing Depth				
Perforations					Depth Casing Shoe				
OPER. OGRID NO. PROPERTY NO. POOL CODE EFF. DATE API NO. O-TRNSP. OGRID NO. G-TRNSP. OGRID NO. OIL POD NO. GAS POD NO.					SACKS CEMENT				
V. TEST OIL WELL Date First	Length of Test				Choke Size				
Actual Prod. Du.				Gas MCP					
GAS WELL Actual Prod. Test - Mc				Bbls. Condensate/MMCF				Gravity of Condensate	
Testing Method (pilot, box)				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 **June 2, 1994** Title
Date **505-293-4044** Telephone No.

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.