

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 Petroleum Development Corporation		Well API No. 30-005-21047
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 checked="" type="checkbox"/> Dry Gas <input 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 Miller Federal	Well No. 9	Pool Name, including Formation Tomahawk-San Andres	Kind of Lease State, Federal or Free XXXX XXXX	Lease No. NM 046153A
Location Unit Letter J : 1980 Feet From The South Line and 1650 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.	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	W...
Date Spudded	Date Compl. Ready to Prod.			
Elevations (DIF, RKB, RI, GR, etc.)	Name			
Perforations				
OPER. OGRID NO. 11111				
PROPERTY NO. 11111				
POOL CODE 11111				
EFF. DATE 11/11/11				
API NO. 11111				
Date First New				
Length of Test				
Actual Prod. During				
O-TRNSP. OGRID NO. 11111				
G-TRNSP. OGRID NO. 11111				
GAS WELL				
Actual Prod. Test - MCF				
OIL POD NO. 11111				
GAS POD NO. 11111				

Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Bbls. Condensate/MMCF	Gravity of Condensate
		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**
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.

4) Separate form for...