

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

Operator PETROLEUM DEVELOPMENT CORPORATION		Well API No. 30-005-21105 ✓
Address 9720 B CANDELARIA, NE ALBUQUERQUE, NEW MEXICO 87112		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator <u>Sandstone Oil & Gas</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom "36" State	Well No. 5	Pool Name, Including Formation Tomahawk San Andres	Kind of Lease State, Federal or Fee	Lease No. L-5120
Location Unit Letter <u>P</u> : <u>660</u> Feet From The <u>East</u> Line and <u>660</u> Feet From The <u>South</u> Line Section <u>36</u> Township <u>7-South</u> Range <u>31-East</u> , <u>NMPM</u> , <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Phillips 66 Company Truck</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 5400 Bartlesville, OK 74005-5400</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Trident, NGL</u>	Address (Give address to which approved copy of this form is to be sent) <u>10200 Grogans Mill Rd., The Woodlands, TX 77380</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>36</u>	Twp. <u>7-S</u>	Rge. <u>31-E</u>	In gas actually connected? <u>Yes</u>	When? <u>12/12/91</u>
If this production is commingled with that from any other lease or pool, give commingling order number: <u>N/A</u>						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded <u>11/18/91</u>	Date Compl. Ready to Prod. <u>12/12/91</u>	Total Depth <u>4300</u>	P.B.T.D. <u>4245</u>					
Elevations (D.F., RKB, RI, GR, etc.) <u>4421.9 GL</u>	Name of Producing Formation <u>San Andres</u>	Top Oil/Gas Pay <u>3950</u>	Tubing Depth <u>42</u>					
Perforations <u>4088-4180</u>			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE <u>12 1/4</u> <u>7 7/8</u>	CASING & TUBING SIZE <u>8 5/8</u> <u>5 1/2</u> <u>2 3/8</u>		DEPTH SET <u>1570</u> <u>4300</u> <u>4205</u>		SACKS CEMENT <u>765</u> <u>400</u>			

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 <u>12/14/91</u>	Date of Test <u>12/18/91</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Pump</u>	
Length of Test <u>24 hrs.</u>	Tubing Pressure <u>25</u>	Casing Pressure <u>15</u>	Choke Size <u>N/A</u>
Actual Prod. During Test <u>61</u>	Oil - Bbls. <u>18</u>	Water - Bbls. <u>43</u>	Gas - MCF <u>22</u>

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 J. C. Johnson
Printed Name Jim C. Johnson Vice-President
Date 6-11-93 Title
(505) 293-4044 Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 18 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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 allowable.

RECEIVED

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