

P.O. Box 1100, Hobbs, NM 88240
DISTRICT
P.O. Box 2088, Artesia, NM 88210
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Petroleum Development Corporation		Well API No. 30-00-20686
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"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Tom 36 State	Well No. 1	Pool Name, including Formation Tomahawk, San Andres	Kind of Lease State, Leasehold	Lease No. L5120
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line Section <u>36</u> Township <u>7S</u> Range <u>31E</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 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.	1/4	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	Deepen	Plug Back	Same Res'v	Diff Res'
Date Spudded	Date Compl. Ready to Prod.		P.B.T.D.			
Elevations (D.F., RKB, RI, GR, etc.)	Name of Prod.		Tubing Depth			
Perforations			Depth Casing Shoe			
OPER. OGRID NO. <u>17470</u> PROPERTY NO. <u>90462</u> POOL CODE <u>59469</u> EFF. DATE <u>2079/50</u> API NO. <u>2079/30</u>			SACKS CEMENT			
GAS WELL Actual Prod. Test - MCF			his depth or be for full 24 hours.) etc.)			
O-TRNSP. OGRID NO. <u>17407</u> G-TRNSP. OGRID NO. <u>23470</u> OIL POD NO. <u>2079/110</u> GAS POD NO. <u>2079/130</u>			Choke Size			
Testing Method (pilot, back p			Use - MCP			
Casing Pressure (Shut-In)			Bbls. Condensate/MMCF			
			Gravity of Condensate			
			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 O. Johnson
Printed Name Jim O. Johnson
Date June 2, 1994
Title Vice-President
Telephone No. 505-293-4044

OIL CONSERVATION DIVISION

JUN 08 1994

Date Approved

By

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 110A

- 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, well name or number, transporter.
- 4) Separate Form 110B for changes of well name or number, transporter.