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 District I  
 P.O. Box 1990, Hobbs, NM 88240  
 District II  
 P.O. Drawer 00, Artesia, NM 88210

State of New Mexico  
 Geol. Mineral and Natural Resources Department  
 Oil Conservation Division  
 P.O. Box 2098  
 Santa Fe, New Mexico 87506-2098  
 REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS

Form O-101  
 Revised 1-1-90

*File*

Operator: <b>Arrowhead Oil Corporation</b> ✓	Well API No.:
Address: <b>P.O. Box 548, Artesia, New Mexico 88210</b>	Telephone No.: <b>(505) 748-3436</b>
Reason(s) for filing (check proper box) <span style="float:right">Other (Please explain)</span>	
New Well _____	Change in transporter of: _____
Recompletion _____	oil <input checked="" type="checkbox"/> Dry Gas _____
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas _____ Condensate _____

If change of operator give name and address of previous operator: **Kincaid & Watson Drilling Company, P.O. Box 498, Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>East Red Lake Ut - Tr 4</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Red Lake-QN-GB-SA, East</b>	Kind of Lease <b>State</b>	Lease No. <b>E-9510</b>
Location: <b>Unit D: 660 Feet From The North line and 660 Feet From The West Line. Sec 1, T 17S, R 28E, NMPM, Eddy County.</b>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____ <b>Navajo Refining Company</b>	Address-Give address to which approved copy of this form is to be sent <b>P.O. Drawer 159, Artesia, New Mexico 88211-0159</b>					
Authorized Transporter of Casinghead Gas _____ or Dry Gas _____	Address-Give address to which approved copy of this form is to be sent					
If well produces oil or liquids, give location of tanks	Unit <b>C</b>	Sec. <b>1</b>	Twp. <b>17S</b>	Rge. <b>28E</b>	Is gas actually connected? <b>No</b>	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	Workover	Deepen	Plug Back	Same Res.	Diff Res.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations	Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

TUBING, CASING AND CEMENTING RECORD

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed for allowable for this depth or be for full 24 hours)

Date First New Oil Run to Tank	Date of Test	Producing Method
Length of Test	Tubing Pres.	Casing Pressure
Actual Prod. During Test	Oil - Bbl.	Water - Bbls.
		Gas - MCF

*POSTED - ID - B  
4-19-91  
OP Chg.*

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MBB	Gravity of Condensate
Testing Method	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.

*Bob E. Chase* 3/1/91  
 Bob E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved **APR 12 1991**  
 By **ORIGINAL SIGNED BY MIKE WILLIAMS**  
 Title **SUPERVISOR, DISTRICT II**