

Bureau Office
 District I
 P.O. Box 1990, Hobbs, NM 88240
 District II
 P.O. Drawer 83, Artesia, NM 88210

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088
**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED Form O-104
 Revised 1-1-89

file

JAN 12 '90

**C. D.
 ARTESIA, OFFICE**

Operator: Arrowhead Oil Corporation /	Well API No.:
Address: P.O. Box 548, Artesia, New Mexico 88210	Telephone No.: (505) 748-3436
Reason(s) for Filing (Check proper box) _____ Other (Please explain)	
New Well _____ Change in Transporter of:	
Recompletion _____ Oil _____ Dry Gas _____	
Change in Operator _____ Casinghead Gas _____ Condensate _____	

If change of operator give name and address of previous operator J. R. Adamson, P.O. Box 797, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name Del Rio State	Well No. 2	Pool Name, including Formation Red Lake, Grayburg S.A.	Kind of Lease State, Federal or Free	Lease No. E-4575
Location: Unit Letter M: 890 Feet From The W Line and 330 Feet From The S Line. Sec 28, T 17S, R 29E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> or Condensate _____ Navajo Refining Co.	Address-Give address to which approved copy of this form is to be sent 301 E. Main Street, Artesia, New Mexico 88210
Authorized Transporter of Casinghead Gas <u>X</u> or Dry Gas _____ Phillips Petroleum Co.	Address-Give address to which approved copy of this form is to be sent 1157 Adams Bldg., Bartlesville, Oklahoma 74004
If well produces oil or liquids, (Unit) Sec. Twp. Rge. Sec. 28 17S 29E give location of terms	Is gas actually connected? Yes _____ When? December 14, 1961

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'v Diff Res
Date Drilled / / Date Compl. Ready to Prod / / Total Depth P.B.T.D.
Elevations Producing Formation Top Oil/Gas Pay Tubing Depth
Perforations Depth Casing Shoe

TUBING, CASING AND CEMENTING RECORD

Well 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 test allowable for this depth or be for full 24 hours)

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

*posted ID-3
1-26-90
C.D. DP*

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Boils. Condensate/MMCF	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 herein is true and complete to the best of my knowledge and belief.
Bob E. Chase
 Bob E. Chase, Production Clerk
 January 18, 1990

OIL CONSERVATION DIVISION
 Date Approved **JAN 22 1990**
 By **ORIGINAL SIGNED BY**
 Title **MIKE WILLIAMS**
SUPERVISOR, DISTRICT II