Submit 3 Copies
to Appropriate
District Office

District I
P.O. Box 1980, Hobbs, NM 88240

District II
P.O. Drawer DD, Artesia, NM 88210

Energy, Minerals and Natural Resources Department

Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

| 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)

| | | | |
|---|---|---|---|
| New Well | | Change in Transporter of: | |
| Recompletion | | Oil | Dry Gas |
| Change in Operator | X | Casinghead Gas | Condensate |

Other (Please explain)

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 | Well No. | Pool Name, Including Formation | Kind of Lease | Lease No. |
|---|---|---|---|---|
| Aztec State | 1 | Red Lake-ON-GB-SA | State | E-9197 |

Location: Unit P: 660 Feet From The South line and 660 Feet From The East Line.
Sec 33, T 16S, R 28E, NMPM, Eddy County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Authorized Transporter of Oil X or Condensate ___: | Address-(Give address to which approved copy of this form is to be sent) |
|---|---|
| Authorized Transporter of Casinghead Gas X or Dry Gas ___: Phillips 66 Natural Gas Co. | Address-(Give address to which approved copy of this form is to be sent) P.O. Box 5050, Bartlesville, Oklahoma 74005 |

| If well produces oil or liquids, give location of tanks | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When? |
|---|---|---|---|---|---|---|
| | P | 33 | 16S | 28E | Yes | |

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'v |
|---|---|---|---|---|---|---|---|---|

| Date Spudded | 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

| 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 top allowable for this depth or be for full 24 hours)

OIL WELL

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

POSTED - ID-3
4-19-91
OP. Chg

GAS WELL

| Actual Prod. Test - MCF/D | Length of Test | Bbls. 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 above is true and complete to the best of my knowledge and belief.

Ted E. Chase
Ted E. Chase, Production Clerk

3/1/91
Date

OIL CONSERVATION DIVISION

Date Approved: APR 12 1991

By: ORIGINAL SIGNED BY
MIKE WILLIAMS
SUPERVISOR, DISTRICT II

Title