

file

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 <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 Federal	Well No. 4	Pool Name, Including Formation Red Lake-QN-GB-SA	Kind of Lease Federal	Lease No. NM080268
Location: Unit P: 990 Feet From The South line and 330 Feet From The East Line. Sec 15, T 17S, R 28E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____ Navajo Refining Co. Pipe Line	Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, New Mexico 88211-0159			
Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> 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 I	Sec. 15	Twp. 17S	Rge. 28E
Is gas actually connected? Yes				When? 03/09/62

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 Sounded	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
			<i>Posted ID-3 4-19-91 OP Chg</i>

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

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.

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

OIL CONSERVATION DIVISION

Date Approved **APR 12 1991**

By **ORIGINAL SIGNED BY**

Title **MIKE WILLIAMS
SUPERVISOR, DISTRICT II**

