

Edward E. Coates
 District I
 P.O. Box 1994, Hobbs, NM 88240
 District II
 P.O. Drawer 10, Artesia, NM 88210

State of New Mexico
 Energy, Minerals and Natural Resources Department
 Oil Conservation Division
 P.O. Box 2082
 Santa Fe, New Mexico 97504-2082
**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED

Form O-104
 Revised 1-1-89

JAN 12 '90

O. C. D.
 ARTESIA OFFICE

Operator: Arrowhead Oil Corporation	Well API No.:
Address: P.O. Box 545, Artesia, New Mexico 88210	Telephone No.: (505) 746-3436
Reasons for Filing (Check proper box) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of:
Reconciliation _____	Oil _____ Dry Gas _____
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas _____ Condensate _____

If change of operator give name and address of previous operator J. B. Adamson, P.O. Box 727, Artesia, NM 88210
 II. DESCRIPTION OF WELL AND LEASE

Lease Name Harapp	Well No. B	Pool Name, including Formation Red Lake - Queen - Grayburg	Kind of Lease State, Federal or Fee	Lease No. 647
Location: 1/2 Section 11, 6310 Feet From The E Line and 330 Feet From The W Line. Sec 31 T 17S, R 28E, NMFN, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: Navajo Refining Co.	Address-Give address to which approved copy of this form is to be sent 501 E. Main Street, Artesia, New Mexico 88210
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 Sec. Twp. Rge. Is gas actually connected? When?
M 31 17S 28E	

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 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)

Date From 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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Gbls. 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.

Ed E. Coates
 Ed. E. Coates, Production Clerk
 January 12, 1990
 Date

OIL CONSERVATION DIVISION

Date Approved **JAN 22 1990**

By ORIGINAL SIGNED BY
MIKE WILLIAMS
 Title SUPERVISOR, DISTRICT II