Submit 5 Copies
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer DD, Artesia, NM 88210

I.

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
JAN 12 '90
O. C. D.
ARTESIA, OFFICE

Form C-104
Revised 1-1-89

Operator: Arrowhead Oil Corporation /	Well API No.: 30-015-03889
Address: P.O. Box 548, Artesia, New Mexico 88210	Telephone No.: (505) 748-3486

Reason(s) for Filing (Check proper box)
New Well ___
Recompletion ___
Change in Operator X

Change in Transporter of:
Oil ___ Dry Gas ___
Casinghead Gas ___ Condensate ___

___ Other (Please explain)

If change of operator give name and address of previous operator AMOCO Production Company, P.O. Box 727, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
ETZ	1	Henshaw Q-G-SA	~~State~~, ~~Federal~~ or Fee	71-063934

Location: Unit Letter E: 2310 Feet From The N Line and 330 Feet From The W Line. Sec 13, T 16S, R 30E, NMPM, Eddy County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil _X_ 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 E	Sec. 13	Twp. 16S	Rge. 30E	Is gas actually connected? No		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'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)

OIL WELL

Date First New Oil Run to Tank / /	Date of Test / /	Producing Method	posted FD; 1-26-90 Chg OP
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
Deb E. Chase, Production Clerk

January 12, 1990
Date

OIL CONSERVATION DIVISION

Date Aproved JAN 22 1990

By ORIGINAL SIGNED BY MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II