

District I

F. Minerals and Natural Resources Department

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

## Oil Conservation Division

RECEIVED

District II

P.O. Box 2088

FEB - 5 1992

P.O. Drawer DE, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GASO. C. D.  
ARTESIA OFFICE

Operator: <b>Arrowhead Oil Corporation</b>		Well API No.:
Address: <b>P.O. Box 548, Artesia, New Mexico 88210</b>		Telephone No.: <b>(505) 748-3436</b>
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
Effective January 1, 1992		

If change of operator give name and address of previous operator **Vintage Drilling Co., P.O. Box 184, Artesia, New Mexico 88211-0184**

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>J.B. Adamson State</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Empire Yates Seven Rivers</b>	Kind of Lease <b>State</b> Federal or Fee	Lease No. <b>L-3016</b>
Location: Unit <b>L</b> 660ft From The <b>West</b> line and 2310ft From The <b>South</b> line. Sec 19, 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 <input type="checkbox"/> <b>Navajo Refining Company</b>		Address-Give address to which approved copy of this form is to be sent <b>P.O. Drawer 159, Artesia, New Mexico 88211-0159</b>		
Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		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 <b>L</b>	Sec. <b>19</b>	Twp. <b>17S</b>	Rge <b>28E</b>
Is gas actually connected?		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'	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
			<b>Part ID-3</b> <b>2-21-92</b> <b>Phy Op</b>

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 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	Ebbs. 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

*2/4/92*  
Date

## OIL CONSERVATION DIVISION

Date Approved **FEB 17 1992**

By **ORIGINAL SIGNED BY**

**MIKE WILLIAMS**

Title **SUPERVISOR, DISTRICT II**