

Edward E. Chase
District 1
P.O. Box 1980, Hobbs, NM 88240
District 11
P.O. Drawer 55, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 8058
Santa Fe, New Mexico 87504-2058
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
Form O-104
Revised 1-1-87

JAN 12 '90

O. C. D.
ARTESIA OFFICE

Operator: Arrowhead Oil Corporation ✓	Well API No.:
Address: P.O. Box 548, Artesia, New Mexico 88210	Telephone No.: (505) 748-9426
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____	
New Well _____	Change in Transporter of: _____
Recompletion _____	Oil _____ Dry Gas _____
Change in Operator _____	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 Camille	Well No. 1	Pool Name, Including Formation E. Empire Yates, Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. B-1969
Location: Unit Letter I: 1550 Feet From The S Line and 330 Feet From The E Line. Sec 22 T 17S, R 22E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> 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 1	Sec. 22	Twp. 17S	Rge. 22E	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'v Diff Res								
Date Spudded / /	Date Compl. Ready to Prod / /	Total Depth		F.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 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/MNCF	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.

January 12, 1990

Ed E. Chase, Production Clerk

Date

OIL CONSERVATION DIVISION

Date Approved JAN 22 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT 11