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

State of New Mexico
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

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

Form C-104
Revised 1-1-89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

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 X 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Cazille	4	E. Empire Yates, Seven Rivers	State, ~~Federal~~ or ~~Fee~~	B-1969

Location: Unit Letter I: 2253 Feet From The S Line and 330 Feet From The E Line. Sec 22 T 17S, R 28E, 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	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	I	22	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)

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

Posted ID-3
1-26-90
Chg OP

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 Approved JAN 22 1990

By ORIGINAL SIGNED BY

Title SUPERVISOR, DISTRICT II