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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator: Arrowhead Oil Corporation ✓	Well API No.:
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 J. B. Adamson, P.O. Box 787, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gulf State	4	Empire Yates Seven Rivers	State, ~~Federal or Fee~~	B-1069

Location: Unit Letter O: 975 Feet From The N Line and 2270 Feet From The W Line. Sec 33, 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 _X__ or Dry Gas ____: Phillips Petroleum Co.	Address-Give address to which approved copy of this form is to be sent: Bartlesville, Oklahoma 74004

If well produces oil or liquids, give location of tanks	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When? May 31, 1955
	O	33	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 Resv	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
Eng 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.

Date: January 10, 1990

Deb E. Chase, Production Clerk

OIL CONSERVATION DIVISION

Date Approved JAN 2 4 1990

By ORIGINAL SIGNED BY MIKE WILLIAMS SUPERVISOR, DISTRICT II

Title