

District I

Energy, Minerals and Natural Resources Department

RECEIVED

Revised 1-1-89

P.O. Box 1980, Hobbs, NM 88240

Oil Conservation Division

District II

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

FEB - 5 1992

REQUEST FOR ALLOWABLE AND AUTHORIZATION

O. C. D.
ARTESIA OFFICE

I.

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) 748-3436
Reason(s) for Filing (Check proper box) _____ Other (Please explain) _____		
New Well _____ Change in Transporter of: _____		
Recompletion _____ Oil _____ Dry Gas _____ Effective January 1, 1992		
Change in Operator <input checked="" type="checkbox"/> Casinghead Gas _____ Condensate _____		

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 Boling State	Well No. 4	Pool Name, Including Formation Red Lake Seven Rivers	Kind of Lease State Federal or Fee	Lease No. B-2179
Location: Unit J 2310 Ft From The East line and 2310 Ft From The South Line. Sec 9 . T 17 S. R 28 E. NMPM. Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: Navajo Refining Company		Address-Give address to which approved copy of this form is to be sent P.O. Drawer 159, Artesia, New Mexico 88211-0159		
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 J	Sec. 9	Twp. Rge 17S 28E	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
			Post ID-2 2-21-92 chg ap

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/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

Date

OIL CONSERVATION DIVISION

Date Approved

FEB 17 1992

By

Title

ORIGINAL SIGNED BY
SAINT JOHN
CONSERVATION DIVISION