

Special B Copies
 District I
 P.O. Box 1930, Hobbs, NM 88240
 District II
 P.O. Drawer 50, 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
 REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

RECEIVED Form C-104
 Revised 1-1-89

JAN 12 '90

O. C. D.
 ARTESIA, OFFICE

Operator: Arrowhead Oil Corporation ✓	Well API No.: 30-015-02997
Address: P.O. Box 549, 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. Adanson, P.O. Box 727, Artesia, NM 88210
 II. DESCRIPTION OF WELL AND LEASE

Lease Name Featherstone	Well No. BY	Pool Name, Including Formation Square Lake, Grayburg	Kind of Lease State, Federal or lease	Lease No. L0068728
Location: Unit Letter B; 690 Feet From The N Line and 690 Feet From The W Line. Sec 10, T 17S, R 29E, NHPM, 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 L	Sec. 10	Twp. 17S	Rge. 29E	Is gas actually connected? No	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	Deeper	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)

Date First New Oil Run to Tank / /	Date of Test / /	Producing Method
Length of Test	Tubing Pres	Casing Pressure
Actual Prod. During Test	Oil - Bbl	Water - Bbls.

*Tested ID: 3
1-26-90
Chg OP*

GAS WELL

Actual Prod Test - MCF/D	Length of Test	Bbls. Condensate/MCF	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**
MIKE WILLIAMS
 Title **SUPERVISOR, DISTRICT II**