

FILE

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 ☒ _____	Casinghead Gas _____ Condensate _____

If change of operator give name and address of previous operator: **Kincaid & Watson Drilling Company,
P.O. Box 498, Artesia, New Mexico**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Humble State	Well No. 4	Pool Name, including Formation Aid-Yates-Seven Rivers	Kind of Lease State	Lease No. E-742
Location: Unit N: 990 Feet From The South line and 1236 Feet From The West Line. Sec 19, T 17S, R29E, NMPH, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil ☒ 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 K	Sec. 19	Twp. 17S	Range 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	Deenon	Plug Back	Same Res'	Diff Res'
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.P.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 POSTED ID-3	
Length of Test	Tubing Pres	Casing Pressure	Choke Size 4-19-91
Actual Prod. During Test	Oil - Bbl	Water - Bbls.	Gas - MCF OP CHG

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

3/1/91
Date

OIL CONSERVATION DIVISION

Date Approved

APR 12 1991

By

ORIGINAL SIGNED BY**MIKE WILLIAMS**

Title

SUPERVISOR, DISTRICT II