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

Revised 1-1-89

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) 748-3436

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)
CHANGE LEASE NAME

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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Wright Federal A	2	Square Lake-GRBG-SA	Federal	NM-013814

Location: Unit D: 660 Feet From The North line and 607 Feet From The West Line.
Sec 6, T 17S, R 30E, NMPM, Eddy County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil X or Condensate ___:	Address-Give address to which approved copy of this form is to be sent
Navajo Refining Co.	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	Sec.	Twp.	Rge	Is gas actually connected?	When?
	A	1	17S	29E	No	

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't	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 ED-3
4-19-91
Chg Op &
Lease Name

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
SUPERVISOR, DISTRICT II

Title