

Submit 5 Copies
District I
P.O. Box 1980, Hobbs, NM 88240
District II
P.O. Drawer 100, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
P.O. Box 2098
Santa Fe, New Mexico 87504-2098
REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Form O-100
Revised 1-1-89

ILLECIBLE

File

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 _____ X Dry Gas _____	
Change in Operator: X _____ Gashead 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 International Federal	Well No. 1	Pool Name, including Formation Turkey Tr-QN-GB-SA	Kind of Lease Federal	Lease No. NM 0925
Location: Unit P: 660 Feet From The South line and 660 Feet From The East Line. Sec 29, T 18S, R29E, NMPH, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil X 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 Gashead 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 P	Sec. 29	Twp. 18S	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	Deepen	Plug Back	Same Root	Diff Root
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.R.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 test 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

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.

John E. Class 3/1/91
Date

OIL CONSERVATION DIVISION

Date Approved

APR 12 1991

By

ORIGINAL SIGNED BY

Title

MIKE WILLIAMS
SUPERVISOR, DISTRICT II