

District I

Energy, Minerals and Natural Resources Department

P.O. Box 1390, Hobbs, NM 88240

**Oil Conservation Division**

District II

P.O. Box 2088

P.O. Drawer 00, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED

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I.

|  |  |                                      |
|--|--|--------------------------------------|
| Operator: <b>Arrowhead Oil Corporation</b>   |  | Well API No.: _____                  |
| Address: <b>P.O. Box 548, Artesia, New Mexico 88210</b>                                      |  | Telephone No.: <b>(505) 748-3436</b> |
| 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<br><b>El Cheapo</b> | Well No.<br><b>2</b> | Pool Name, Including Formation<br><b>Artesia QN-GB-SA</b> | Kind of Lease<br><b>State</b> Federal or Fee | Lease No.<br><b>LG-2719</b> |
|--------------------------------|----------------------|---|--|-----------------------------|

Location: Unit I 330 Ft From The East line and 1650 Ft From The South Line. Sec 1, T 19S, R 27E, NMPM, Eddy County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

|   |  |                  |                              |  |
|---|--|------------------|------------------------------|--|
| Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____<br><b>Navajo Refining Company</b> | Address-Give address to which approved copy of this form is to be sent<br><b>P.O. Drawer 159, Artesia, New Mexico 88211-0159</b> |                  |                              |  |
| 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<br><b>I</b>   | Sec.<br><b>1</b> | Twp., Rge.<br><b>19S 27E</b> | 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                            |
|           |                      |           | <b>Post ID-3<br/>2-21-92<br/>chy ap</b> |

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 **ORIGINAL SIGNED BY**  
**MIKE WILLIAMS**  
Title **SUPERVISOR, DISTRICT II**