

Submit 5 Copies  
District I  
P.O. Box 1980, Hobbs, NM 88240  
District II  
P.O. Drawer 00, Artesia, NM 88210

State of New Mexico  
Div. 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**

Form O-100  
Revised 1-1-89

CLSF  
BT  
up

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 <b>El Cheapo</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Artesia QN-GB-SA</b>	Kind of Lease <u>State</u> , Federal or Fee	Lease No. <b>LG-2719</b>
Location: Unit <b>I</b> <b>990</b> Ft From The <b>East</b> Line and <b>2310</b> Ft From The <b>South</b> Line, Sec <b>1</b> , T <b>19S</b> , R <b>27E</b> , NMPM, <b>Eddy</b> County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: <b>Navajo Refining Company</b>	Address-Give address to which approved copy of this form is to be sent <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 <b>I</b>	Sec. <b>1</b>	Trp. Rge. <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 FD-3 2-21-92 chg op</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* **7/4/92**  
Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1992**

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