

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

Env. 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

RECEIVED

FEB - 5 1992

O. C. D.
ARTESIA OFFICE

Revised 1-1-89

CLSF
VT
Up

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 <input checked="" type="checkbox"/> _____	Casinghead Gas _____	Condensate _____
Effective January 1, 1992		

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 State E-648	Well No. 2	Pool Name, Including Formation Millman - Grayburg	Kind of Lease State Federal or Fee	Lease No. E-648
Location: Unit H 330 Ft From The East line and 2310 Ft From The North Line. Sec 18, T 19S, R 28E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate _____: Scurlock Permian Corporation		Address-Give address to which approved copy of this form is to be sent P.O. Box 4648, Houston, TX 77210-4648		
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 H	Sec. 18	Twp. 19S	Roe 28E
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
			Post ID-3 2-21-92 chg up

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

2/4/92
Date

OIL CONSERVATION DIVISION

Date Approved

FEB 17 1992

By

ORIGINAL SIGNED BY

MIKE WILLIAMS

Title

SUPERVISOR, DISTRICT II