

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

Energy, Minerals and Natural Resources Department
 Oil Conservation Division
 P.O. Box 2088
 Santa Fe, New Mexico 87500-2088
**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

Revised 1-1-89

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 _____ <input checked="" type="checkbox"/> Dry Gas _____
Change in Operator: <input checked="" type="checkbox"/>	Casinghead 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	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
East Red Lake Ut - Tr 5	2	Red Lake-QN-GB-SA, East	State	E-9510

Location: **Unit F: 2310 Feet From The North line and 1650 Feet From The West Line.
 Sec 1, T 17S, R 28E, NMPH, Eddy County.**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of oil <input checked="" type="checkbox"/> 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 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. Rgn. Is gas actually connected? When?
E 1 17S 28E	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.	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)

Date First New Oil Run to Tank	Date of Test	Producing Method
Length of Test	Tubing Pres.	Casing Pressure
Actual Prod. During Test	Oil - Bbl	Water - Bbls.
		Gas - MCF

*POSTED ID-3
4-19-91
OP Chg.*

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 3/1/91
 Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved **APR 12 1991**

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