RECEIVED

JAN 12 '90

O. C. D.
ARTESIA, OFFICE

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
Energy, Minerals and Natural Resources Department
Oil Conservation Division
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: Arrowhead Oil Corporation	Well API No.:
Address: P.O. Box 548, Artesia, New Mexico 88210	Telephone No.: (505) 748-3486

Reason(s) for Filing (Check proper box)

New Well	___	Change in Transporter of:			
Recompletion	___	Oil	___	Dry Gas	___
Change in Operator	X	Casinghead Gas	___	Condensate	___

___ Other (Please explain)

If change of operator give name and address of previous operator J. B. Adamson, P.O. Box 787, Artesia, NM 88210

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Camille	3	E. Empire Yates, Seven Rivers	State, ~~Federal or Fee~~	B-1969

Location: Unit Letter I: 1650 Feet From The S Line and 990 Feet From The E Line. Sec 22 T 17S, R 28E, NMPM, Eddy County.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil _X__ or Condensate____:	Address-Give address to which approved copy of this form is to be sent
Navajo Refining Co.	501 E. Main Street, Artesia, New Mexico 88210
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.	Rge.	Is gas actually connected?	When?
	I	22	17S	28E		

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'v	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)

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

Pooled ID-3
1-26-90
Eby OP

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

January 12, 1990
Date

OIL CONSERVATION DIVISION

Date Approved JAN 22 1990

By _____

Title _____