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 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

FEB - 5 1992

**O. C. D.
 ARTESIA OFFICE**

Form 1-100
 Revised 1-1-89

*clsf
 LT
 op*

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 <u>X</u>	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	Well No. 1	Pool Name, Including Formation Millman - Grayburg	Kind of lease State Federal or Fee	Lease No. E-2126
Location: Unit L 330Ft From The West line and 2310Ft From The South Line. Sec 17, T 19S, R 28E, NMPM, Eddy County.				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Authorized Transporter of Oil <u>X</u> 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 Sec. Twp. Rge L 17 19S 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.R.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
			<i>Post ID-3 2-21-92 chg op</i>

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 2/4/92
 Deb E. Chase, Production Clerk Date

OIL CONSERVATION DIVISION

Date Approved **FEB 17 1992**

By *[Signature]*
 Title **SUPERVISOR DISTRICT I**