

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE RECEIVED	
DISTRIBUTION	
DATE FILE	
FILE	
U.S.O.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	
Operator	

Arrowhead Oil Corporation

Address

P. O. Box 548, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)

New Well ☐Recompletion ☐Change in Ownership ☐

Change in Transporter of:

Oil ☐Casinghead Gas ☐Dry Gas ☐Condensate ☐

Other (Please explain)

To show gas connection

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Hover State	1	Maljamar/Grbg. San Andres	State, Federal or Fed	B-4109
Location				
Well Letter	D	330 Feet From The North Line and 990 Feet From The West		
Line of Section	32	Township 17S	Range 32E	Lea County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
Navajo Crude Oil Purchasing	North Freeman Ave., Artesia, N.M. 88210					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
Conoco, Inc.	7408 Andrews Hwy., Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When
	D	32	17S	32E	Yes	10/2/80

If production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New well	Workover	Deepen	Plug Back	Stimulate	Unit, New
Completed								
Depth (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay						
Directions								Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

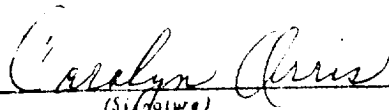
(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
is true and complete to the best of my knowledge and belief.

(Signature)

Agent

(Title)

10/15/80

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19__

BY Jerry Sexton
Dist. 1, Supv.

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened
well, this form must be accompanied by a tabulation of the deviate
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for allow-
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own-
er, well name or number, or transporter, or other such change of condition.Separate Form C-104 must be filed for each pool in multiply
completed wells.