

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
S.O.S.	
FIELD OFFICE	
TRANSPORTER	OIL GAS
OPERATOR	
REGISTRATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

Arrowhead Oil Corporation
Address
P. O. Box 548, Artesia, New Mexico 88210

Reason(s) for filing (Check proper box)		Other (Check proper box)	
New Well ☒	Change in Transporter of: Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐	Casinghead Gas MUST NOT BE FLARED AFTER 10/1/80 UNLESS AN EXCEPTION TO R-4070 IS OBTAINED	
Recompletion ☐			
Change in Ownership ☐			

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Hover State	Well No. 1	Pool Name, Including Formation Maljamar/Crbg-San Andres	Kind of Lease State, Federal or Fee	Lease No. B-4109
Location Unit Letter D : 330 Feet From The North Line and 990 Feet From The West Line of Section 32 Township 17-S Range 32-E, NMPM, 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 Avenue, Artesia, New Mexico 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)

If well produces oil or liquids, give location of tanks.	Unit D	Soc. 32	Twp. 17-S	Pce. 32-E	Is gas actually connected? No	When As Soon As Possible
---	-----------	------------	--------------	--------------	----------------------------------	-----------------------------

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 6-13-80	Date Compl. Ready to Prod. 6-15-80	Total Depth 4250' KB		P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) 3909' KB	Name of Producing Formation Grayburg/San Andres		Top Oil/Gas Pay 3894'		Tubing Depth 4024'				
Perforations 4062-66 (4) 4078-88 (10)	3894-98 (4) 3926-30 (4)		3975-79 (4) 3995-99 (4)		4012-16 (4)				
4050-52 (2)		4078-88 (10)		3926-30 (4)		3995-99 (4)		Depth Casing Shoe	

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	913'	200 Sacks
7 7/8"	4 1/2"	4238'	475 Sacks
	2 3/8"	4024'	

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)

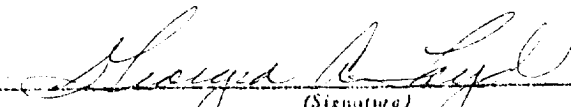
Date First New Oil Run To Tanks 7-16-80	Date of Test 7-23-80	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 50#	Casing Pressure 500#	Choke Size 1/2"
Actual Prod. During Test 110	Oil - Bbls. 80	Water - Bbls. 30 LW	Gas - MCF 30

WELL

Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Producing Method (Flow, pump, gas lift, etc.)	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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Production Clerk

August 4, 1980

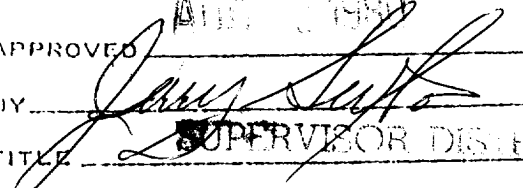
(Date)

OIL CONSERVATION COMMISSION

APPROVED

BY

TITLE


SUPERVISOR DISTRICT
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 deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable for new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.