

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND

## AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF EXPLORATION PERMITS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

ARROWHEAD OIL CORPORATION

Address P.O. BOX 548, ARTESIA, NEW MEXICO 88210

## Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

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.
Wallingford	3	Maljamar-Grayburg San Andres	State, Federal or Fee State	B-4109

Location

Unit Letter C : 990 Feet From The North Line and 2310 Feet From The WestLine 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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Crude Oil Purchasing	P.O. BOX 159, Artesia, New Mexico 88210
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	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. Rge. Is gas actually connected? When
C 32 17-S 32-E	yes 6-6-81

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'ty.	Diff. Res'ty.
X	X		X					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
3-21-81	4-28-81	4301'						4275'
Elevations (D.F., R.A.B., R.T., C.R., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3913' KB	San Andres	4016'-4076'	4085'					
Perforations			Depth Casing Shoe					
4016'-20' (4 holes), 4034'-38' (4), 4058'-62' (4), 4072'-76' (4)								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	878'	200
7 7/8"	4 1/2"	4301'	2000
	2 3/8"	4085'	

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 all  
able 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.)
5-1-81	5-5-81	Pumping
Length of Test	Tubing Pressure	Casing Pressure
24 hrs	none	45#
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
40 bbls	30	10
		Gas-MCF
		54,000

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, 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  
above is true and complete to the best of my knowledge and belief.

Secretary

(Signature)

(Date)

(Date)

## OIL CONSERVATION DIVISION

APPROVED

JUN 12 1981

, 19

BY

TITLE

SUPERVISOR DISTRICT I

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 deviation  
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 owner,  
well name or number, or transporter or other such change of condition.Separate Forms C-104 must be filed for each pool in multiply  
completed wells.

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

NO. OF COPIES RECEIVED	
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FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☒ Fee ☐  
5. State Oil & Gas Lease No.  
B-4109

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT TO DRILL" (FORM C-101) FOR SUCH PROPOSALS.)

CIL ☒ GAS ☐  
WELL ☐ WELL ☐ OTHER ☐  
Name of Operator  
Arrowhead Oil Corporation  
Address of Operator  
P.O. Box 548, Artesia, New Mexico 88210  
Location of Well  
UNIT LETTER C 990 FEET FROM THE North LINE AND 2310 FEET FROM  
West THE LINE, SECTION 32 TOWNSHIP 17-S RANGE 32-E

7. Unit Agreement Name  
8. Form of Lease Name  
Wallingford State  
9. Well No.  
# 3  
10. Field and Loc., or Well at  
Malpais  
11. County  
Lea

12. Elevation (Show whether DF, RT, GR, etc.)  
3913' KB

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPER. <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input checked="" type="checkbox"/>	

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

Spudded well at 1:30 P.M. on March 21, 1981. Ran 21 joints of 8 5/8" 24 # casing and set @ 878' KB. Cemented with 200 sacks of class C 2 % CaCl cement and circulated. Waited on cement 18 hours and drilled to T.D. with 7 7/8" bit.

Ran 4275' of 4 1/2" 11.6 # casing. Cemented with 1000 sacks of Halliburton light w/20# salt and 1000 sacks of class C with 6 # salt, 5 # sand, .3 of 1% CFR2.

8. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Tracy Lopez TITLE Secretary / Treasurer DATE 5-29-81

APPROVED BY Tracy Lopez TITLE Supv DATE JUN 1 1981

CONDITIONS OF APPROVAL, IF ANY: Let 1, Supv