

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 COPIES RECEIVED	
DISTRIBUTION	
DATE RECEIVED	
FILE	
U.S.U.S.	
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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Approval to flare casinghead gas from  
this well must be obtained from the  
BUREAU OF LAND MANAGEMENT (BLM)

If change of ownership give name  
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name BROWN FEDERAL	Well No. 1	Pool Name, including Formation Maljamar Grayburg SA	Kind of Lease State, Federal or Fee Federal	Lease No. LC029410
Location Unit Letter D : 330' Feet From The North Line and 330' Feet From The West Line of Section 31 Township 17S Range 32E , 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"/> NAVAJO REFINING COMPANY	Address (Give address to which approved copy of this form is to be sent) DRAWER 159, ARTESIA, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> CONOCO, INC.	Address (Give address to which approved copy of this form is to be sent) Box 1267, PONCA CITY, OK 74603
If well produces oil or liquids, give location of tanks.	Unit : D Sec. : 31 Twp. : 17S Rge. : 32E Is gas actually connected? : no When :

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 <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 1/13/88	Date Compl. Ready to Prod. 2/25/88	Total Depth 6010'	P.B.T.D. 3972'					
Elevations (DE, RKB, RT, GR, etc.) 3866.3' RKB	Name of Producing Formation Grayburg	Top Oil/Gas Pay 3820'	Tubing Depth 3960'					
Perforations 3820-3822-3832-3837-3924-3926-3928-3930-3931-3932- 3940-3941-3942-3943-3944-3945	Depth Casing Shoe 5995'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 8 5/8"	CASING & TUBING SIZE 24#	DEPTH SET 800'	SACKS CEMENT 400 sk					
5 1/2"	17#	5995'	1775 sk					

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)

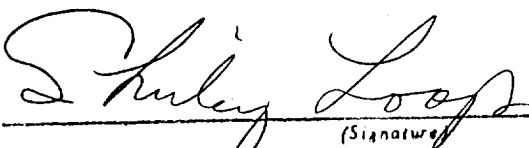
Date of Test 2/25/88	Date of Test 2/25/88	Producing Method (Flow, pump, gas lift, etc.) pumping 2 1/2"	
Length of Test 24 hrs	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 83	Oil-Bbls. 83	Water-Bbls. frac	Gas-MCF 55

GAS WELL

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

  
(Signature)

PRODUCTION CLERK

February 29, 1988

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED  , 19

BY Eddie W. Seay

TITLE Oil & Gas Inspector

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 allowable 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.