

Form 3160-5
(July 1989)
(Formerly 0-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF **RECEIVED**
(Other instructions on re-
verse side)

BH Roswell District
Modified Form No.
NM60-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

NMC107697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ohio-Jones

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Lusk Yates

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 24-T19S-R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

SUNDRY NOTICES AND REPORTS ON WELL **JAN 19 '90**

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

C. C. D.
ARTESIA, OFFICE

2. NAME OF OPERATOR
Arrowhead Oil Corporation

3a. Area Code & Phone No.
(505) 748-3486

3. ADDRESS OF OPERATOR
P.O. Box 549, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit G, 1980 Feet From the N Line and 1980 Feet From the E Line

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Change of operator

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Change of operator from: AMCO Production Co.
P.O. Box 727
Artesia, New Mexico 88210

To: Arrowhead Oil Corporation
P.O. Box 549
Artesia, New Mexico 88210

Effective date of change: December 29, 1989

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Production Clerk

DATE January 12, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 12 1990