

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other info on reverse side)

DMH Roswell District
Modified Form No.
MMD60-3160-4

SUNDRY NOTICES AND REPORTS ON WELLS 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

C. C. D.

ARTESIA, OFFICE

NAME OF OPERATOR

3a. Area Code & Phone No.

(505) 748-3436

ADDRESS OF OPERATOR

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

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)
At surface

Unit E, 2310 Feet From the V Line and 330 Feet From the W Line

4. PERMIT NO.

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

5. LEASE DESIGNATION AND SERIAL NO.

71065954

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

ETZ

9. WELL NO.

#1

10. FIELD AND POOL, OR WILDCAT

Henshaw Q-6-8A

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

Sec. 18-T16E-R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

7. 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 548
Artesia, New Mexico 88210

Effective date of change: December 29, 1989

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