Form 3160-5
(July 1989)
(Formerly 9-331)

CONTACT RECEIVING OFFICE FOR NUMBER OF COPIES REQUIRED

BLM Roswell District
Modified Form No.
NM060-3160-4

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

(Other instructions on reverse side)

## 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—" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.: 71 083934

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR: Mack Energy Corporation

3a. Area Code & Phone No.: (505) 748-3436

8. FARM OR LEASE NAME: ETZ

3. ADDRESS OF OPERATOR: P.O. Box 276, Artesia, New Mexico 88210

9. WELL NO.: #1

4. 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 N Line and 330 Feet From the W Line

10. FIELD AND POOL, OR WILDCAT: HENSHAW O-G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 13-T16S-R30E

14. PERMIT NO.

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

12. COUNTY OR PARISH: Eddy

13. STATE: NM

RECEIVED
JUN 12 '90
C. C. D.
ARTESIA, OFFICE

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

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) ~~Change of operator~~ | | | |
| (Other) | | | | (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: Arrowhead Oil Corporation
P.O. Box 548
Artesia, New Mexico 88210

To: Mack Energy Corporation
P.O. Box 276
Artesia, New Mexico 88210

Effective date of change: ~~April 1, 1990~~ 5/22/90

RECEIVED
MAY 23 10 55 AM '90
CARLSBAD AREA NEW MEXICO

ACCEPTED FOR RECORD
JUN 07 1990
CARLSBAD, NEW MEXICO

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

SIGNED Bobby Glass TITLE Production Clerk DATE ~~April 1, 1990~~ 5/22/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for [illegible]