

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVED  
OFFICE FOR NUMBERING  
OF COPIES REQUIRED  
(Other instructions on reverse side)

HM Roswell District

Modified Form No.

NM60-3160-4

LEASE DESIGNATION AND SERIAL NO.

NM-2507

0. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

O. C. D.  
ARTESIA OFFICE

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Arrowhead Oil Corporation		8. FARM OR LEASE NAME Pegasus Federal	
3. ADDRESS OF OPERATOR Post Office Box 548, Artesia, NM 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 M, 635 Feet From the W Line and 2970 Feet From the S Line		10. FIELD AND POOL, OR WILDCAT North Squarelake QN-GB-SA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6-T16S-R31E		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	FULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Change of operator	<input checked="" type="checkbox"/>		
(Other)	<input type="checkbox"/>						

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: Vintage Drilling Company  
P.O. Box 184  
Artesia, NM 88211-0184

To: Arrowhead Oil Corporation  
P.O. Box 548  
Artesia, NM 88210

Effective date of change: January 1, 1992

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

SIGNED [Signature] TITLE VP DATE 2/5/92

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side