

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

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

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		ARTESIA, OFFICE	
2. NAME OF OPERATOR Arrowhead Oil Corporation		3a. Area Code & Phone No. (505) 748-3436	
3. ADDRESS OF OPERATOR P.O. Box 548, 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 J, 1250 Feet From the S Line and 1980 Feet From the E Line			
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy
		13. STATE NM	

5. LEASE DESIGNATION AND SERIAL NO. NM7752
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME Bedingfield Federal
9. WELL NO. #1
10. FIELD AND POOL, OR WILDCAT Square Lake R, SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 1-T125-899E

6. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACUTURE 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) <u>Change of operator</u>	

(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: ANCO 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

RECEIVED  
JAN 19 9 00 AM '90

I hereby certify that the foregoing is true and correct

SIGNED Bob B. Cleary 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