

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NMD60-3160-4

JAN 19 '90

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		ARTESIA, OFFICE	
2. NAME OF OPERATOR Arrowhead Oil Corporation		3a. Area Code & Phone No. (505) 748-8486	
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 N, 650 Feet From the S Line and 1980 Feet From the W Line			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.)	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

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) <u>Change of operator</u>	

(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 548
Artesia, New Mexico 88210

Effective date of change: December 29, 1989

I hereby certify that the foregoing is true and correct

SIGNED [Signature] 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