

Form 1160-5
(July 1989)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

MM Roswell District
Modified Form No.
HMXO-3160-4

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.
NM7752

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Root

9. WELL NO.

#4

10. FIELD AND POOL, OR WILDCAT

Square Lake G. SA.

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

Sec. 1-T17S-R29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

RECEIVED

JUN 12 '90

O. C. D.
ARTESIA, OFFICE

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR
Mack Energy Corporation

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

3. ADDRESS OF OPERATOR
P.O. Box 276, 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 G. 1650 Feet From the N Line and 1980 Feet From the E Line

14. PERMIT NO.

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

16. 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.)

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 perti-
nent 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 11 00 AM '90
CARLSBAD AREA OFFICE

ACCEPTED FOR RECORD
JUN 07 1990
CARLSBAD, NEW MEXICO

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

SIGNED [Signature]

TITLE Production Clerk

DATE April 1, 1990
5/22/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side