

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

MM 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"/>		C. C. D. 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 K, 2910 Feet From the S Line and 1980 Feet From the W Line			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.)	
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. #5	
		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 Eddy		13. STATE NM	

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"/>	FRACURE 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>	
(Other) <input type="checkbox"/>		(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: 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 Feb 6 1990 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