

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.
BX60-3160-4

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		3. Area Code & Phone No. (505) 748-3436		6. LEASE DESIGNATION AND SERIAL NO. NM7752	
2. NAME OF OPERATOR Mack Energy Corporation				7. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 276, Artesia, New Mexico 88210		RECEIVED JUN 12 '90 O. C. D. ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit @, 2310 Feet From the N Line and 1650 Feet From the E Line				8. FARM OR LEASE NAME Root	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		9. WELL NO. #6	
				10. FIELD AND POOL, OR WILDCAT Square Lake C, SA	
				11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA	
				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	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
(Other)	☐	(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: 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 17 1990
CARLSBAD, NEW MEXICO

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

SIGNED <u>Bob E. Clary</u>	TITLE <u>Production Clerk</u>	DATE <u>5/22/90</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side