

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE OF THE BUREAU
OF LAND MANAGEMENT
(Other instructions on re-
verse side)

MM Roswell District
Modified Form No.
BXX60-3160-4

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.)

JAN 19 '90

ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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 C, 690 Feet From the N Line and 690 Feet From the W Line

14. PERMIT NO. 15. ELEVATIONS (Show whether OF, AT, OR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

10068766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Featherstone

9. WELL NO.

#EV

10. FIELD AND POOL, OR WILDCAT

Square Lake, Grayburg

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

Sec. 10-1778-B29E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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 COMPLETION

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 pertinent to this work.) *

Change of operator from: J.B. Adanson
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

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

SIGNED

TITLE Production Clerk

DATE January 10, 1990

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side